

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38843

State File No. ....

FILED NOV 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5467 Registrar's No. 1061

0290

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural 2nd Robberson</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Rural 2nd Robberson</b> d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield RFD#11</b>		e. STREET ADDRESS (If rural, give location) <b>Springfield RFD#11</b> 0290	
3. NAME OF DECEASED (Type or Print) a. (First) <b>OPAL</b>		b. (Middle)	c. (Last) <b>WELSH</b>
4. DATE OF DEATH <b>November 23, 1953</b>		5. SEX <b>Female</b> / 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>24 May 1906</b>	
9. AGE (In years last birthday) <b>47</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ira Rathford</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Burks</b>	
14. NAME OF HUSBAND OR WIFE <b>Loren Welsh</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Loren Welsh</b> ADDRESS <b>Springfield, Mo. RFD#11</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of cervix uteri</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastatic carcinoma both lungs</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Sept. 19, 1953</b> , to <b>Nov. 23, 1953</b> , that I last saw the deceased alive on <b>Nov. 23, 1953</b> , and that death occurred at <b>9:00P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Springfield, Mo</b>	
23c. DATE SIGNED <b>11-25-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11-27-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Robberson Prairie Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Greene County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>11-25-53</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. KLINGNER &amp; CO.</b> ADDRESS <b>Springfield, Mo.</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Ogle Stone Jr*

Licensed Embalmer No. *4126*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.