

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41815

State File No.

0.300
0.48

FILED NOV 24 1953

REG. DIST. NO. **333**

PRIMARY REG. DIST. NO.

3074

Registrar's No. **177**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Scott		a. STATE Missouri		b. COUNTY Scott 1003	
b. CITY (If outside corporate limits, write RURAL and give town or township) Sikeston, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston		d. STREET ADDRESS (If rural, give location) Welter Apts.	
c. LENGTH OF STAY (In this place) Life		d. FULL NAME OF (If not in hospital or institution, give street address or location) Mo. Delta Community Hosp.			
3. NAME OF DECEASED (Type or Print)			a. (First) BENJAMIN		b. (Middle) J.
			c. (Last) Welter		4. DATE OF DEATH (Month) (Day) (Year) 11 15 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-22-1890	
9. AGE (In years last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Baker	11. BIRTHPLACE (City and State or Foreign Country) Kelso, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Welter		13b. MOTHER'S MAIDEN NAME Mary LeGrande	
		14. NAME OF HUSBAND OR WIFE Eva Welter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Unknown WWI	
		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eva Welter	
				ADDRESS Sikeston, Mo.	
MEDICAL CERTIFICATION					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUPLICATE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUPLICATE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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) 177X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 10-25, 1953 , to 11-15, 1953 , that I last saw the deceased alive on 11-15, 1953 , and that death occurred at 5:54 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Alden Hargent M.D.			23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 11-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-17-1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) SIKESTON MO
DATE REC'D BY LOCAL REG. 11-18-53		REGISTRAR'S SIGNATURE Mrs. Clara Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston Mo	
				ADDRESS	

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

DEC 8

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
Student Embalmer

Signed Raymond Cress

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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 this body is not embalmed, fact should be so stated above.