No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5547

FILED MAR 8 1954

BIRTH NO. REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 432 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: New MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PORTAGEVILLE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEW MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PORTAGEVILLE 0721 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): MONROE (PETE)
c. (Last): WELCH

4. DATE OF DEATH (Month) (Day) (Year): Feb 17 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 18 1888
9. AGE (In years last birthday): 65 — If under 1 year: Months 7, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: General Carpenter
11. BIRTHPLACE (City and State or Foreign Country): Hornbeak Tenn
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Henry Welch
13b. MOTHER'S MAIDEN NAME: Frances Jane Fields
14. NAME OF HUSBAND OR WIFE: Cora Lee Alexander Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-14-2985
17. INFORMANT'S SIGNATURE OR NAME: Cora Welch — **ADDRESS**: Portageville Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 162 X
20. AUTOPSY? YES ☐ NO ☒

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): Portageville New Madrid Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* 16 Feb, 1954, *that I last saw the deceased alive on* 16 Feb, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. B. Painter (Degree or title): M.D.
23b. ADDRESS: Portageville Mo.
23c. DATE SIGNED: 2-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/54
24c. NAME OF CEMETERY OR CREMATORY: Portageville
24d. LOCATION (City, town, or county) (State): Portageville Mo

DATE REC'D BY LOCAL REG.: 2-19-54
REGISTRAR'S SIGNATURE: Ellen DeLisle
FUNERAL DIRECTOR'S SIGNATURE: Dedeke Funeral Parlor **ADDRESS**: Portageville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Joseph A. Pistole

Licensed Embalmer No. 4481

P. O. Address Portageville 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.