

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH 5184

State File No. 7976

No. 300

10.48

FILED MAR 16 1954

BIRTH NO.

REG. DIST. NO. 52

PRIMARY REG. DIST. NO. 6292

Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Whitewater</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Whitewater</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>4 miles S Millerville</i>		d. STREET ADDRESS (If rural, give location) <i>4 miles South Millerville</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ARA</i> b. (Middle) <i>EVELINE</i> c. (Last) <i>WELKER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 10, 1954</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb 12, 1863</i>
9. AGE (In years last birthday) <i>91</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Daisy Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Jesse Critter</i>		13b. MOTHER'S MAIDEN NAME <i>Mahala Middleton</i>	14. NAME OF HUSBAND OR WIFE <i>John A. Welker</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>W.D. Welker, Cape Girardeau Mo.</i>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myo Carditis</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Don't know</i> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <i>Feb 15, 1953</i> , to <i>March 10, 1954</i> that I last saw the deceased alive on <i>May 1953</i> , and that death occurred at <i>8:15 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>D. G. Suber</i>		23b. ADDRESS <i>43</i>	23c. DATE SIGNED <i>3-13-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>March 12, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>	24d. LOCATION (City, town, or county) (State) <i>near Millerville Mo.</i>
DATE REC'D BY LOCAL REG. <i>3-12-54</i>	REGISTRAR'S SIGNATURE <i>D. G. Suber</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Phillips Jackson Mo.</i>	

(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 Lynnan Steele

Licensed Embalmer No. 2476

P. O. Address Jackson M

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.