No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11468

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5211 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer, rural, Washington Twn
c. LENGTH OF STAY (In this place): 78yrs
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: Mo
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Braymer, rural, Washington Twn
d. STREET ADDRESS (If rural, give location): 0170

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle):
c. (Last): Welker

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: April 22, 1876
9. AGE (In years last birthday): 78yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Braymer, rural, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Nelson Welker
13b. MOTHER'S MAIDEN NAME: Harriett McBee
14. NAME OF HUSBAND OR WIFE: deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Thurston Kincaid
ADDRESS: Braymer, Mo

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — many years
DUE TO (c) Generalized Arteriosclerosis — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Chronic Myocarditis — many years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
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): —
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* Apr. 1948 *to* Apr. 29, 1954 *that I last saw the deceased alive on* Apr. 29, 1954 *and that death occurred at* 2:30a. m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Goedberg MD — MD
23b. ADDRESS: Braymer, Mo
23c. DATE SIGNED: 4-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 2, 1954
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cem.
24d. LOCATION (City, town, or county) (State): Braymer, Missouri

DATE REC'D BY LOCAL REG.: May 6, 1954
REGISTRAR'S SIGNATURE: Mae Ray Henderson 49-0
25. FUNERAL DIRECTOR'S SIGNATURE: MEAD'S Funeral Service by B. H. Mead
ADDRESS: Braymer, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1954

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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri.

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.