

FILED APR 19 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 13040

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6043</u>		Registrar's No. <u>443</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>			
b. CITY OR TOWN <u>Only. Rural. WASHINGTON.</u>		c. LENGTH OF STAY (in this place) <u>5 years.</u>		c. CITY OR TOWN <u>Only. Rural. WASHINGTON.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles N. of Only, Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles N. of Only, Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u>2 miles N. of Only, Missouri.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u>			b. (Middle) <u>Carolina</u>		c. (Last) <u>Welling.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 29, 1954.</u>
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married.</u>	8. DATE OF BIRTH <u>March 28, 1881</u>		9. AGE (in years last birthday) <u>73.</u>	IF UNDER 1 YEAR Month <u>3</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>---</u> Mins. <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC SERV.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry J. Welling.</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Bebermeyer.</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Dennis Welling, Only Mo</u> ADDRESS _____			
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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>obstructive in</u>  ANTECEDENT CAUSES <u>lungs.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>MAY 28, 1954</u> to <u>MAY 29, 1954</u> ; that I last saw the deceased alive on <u>MAY 29, 1954</u> , and that death occurred at <u>12:35 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. E. White, MD.</u> (Degree or title)				23b. ADDRESS <u>Raylor, MD.</u>		23c. DATE SIGNED <u>4/2/54.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		24b. DATE <u>MARCH 31, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ANTIOCH CEMETERY</u>		24d. LOCATION (City, town, or county) <u>RIPLEY COUNTY, Mo.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>4-14-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meems, Doniphan, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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 Ray Meador

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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