

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. **19804**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3085** Registrar's No. **166**

1. PLACE OF DEATH

a. COUNTY **Nodaway**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marnville**

c. LENGTH OF STAY (In this place) **5 days**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Francis Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Iowa** b. COUNTY **Jaylor**

c. CITY OR TOWN **Bedford**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **Clayton Township 8140 8**

3. NAME OF DECEASED (Type or Print)

a. (First) **Joseph** b. (Middle) **Scott** c. (Last) **Welch**

4. DATE OF DEATH (Month) (Day) (Year) **June 29 1954**

5. SEX **M** **6. COLOR OR RACE** **W** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Never married**

8. DATE OF BIRTH **Jan 4, 1886** **9. AGE** (In years last birthday) **68** **MONTHS** **5** **YEARS** **25** **HOURS** **IF UNDER 24 HRS.** **IF UNDER 1 MIN.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Iowa**

12. CITIZEN OF WHAT COUNTRY? **USC**

13a. FATHER'S NAME **W. S. Welch** **13b. MOTHER'S MAIDEN NAME** **Margaret Foster** **14. NAME OF HUSBAND OR WIFE** -----

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. **none** **17. INFORMANT'S SIGNATURE OR NAME** **Leanne Coen** **ADDRESS** **East Marnon, Ia**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of left lung with metastasis to lungs.**

INTERVAL BETWEEN ONSET AND DEATH **10 yrs**

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** _____ **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)** **1991**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 6-1, 1952, to 6-29, 1954 that I last saw the deceased alive on 6-28, 1954 and that death occurred at 4 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. Standin, M.D.** **23b. ADDRESS** **Bedford, Ia.** **23c. DATE SIGNED** **6-30-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** **24b. DATE** **6/30/54** **24c. NAME OF CEMETERY OR CREMATORY** **Marnon Cem.** **24d. LOCATION** (City, town, or county) (State) **Bedford, Iowa**

DATE REC'D BY LOCAL REG. **6-10-54** **REGISTRAR'S SIGNATURE** **Bess Hult #239** **25. FUNERAL DIRECTOR'S SIGNATURE** **Frank Suter** **ADDRESS** **Bedford**

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.....
Signature of Student Embalmer

Signed *Frank L. [Signature]*

Licensed Embalmer No. 4517

P. O. Address *Bedford, Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.