

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22304**
Registrar's No. **229**

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. 22304		Registrar's No. 229							
1. PLACE OF DEATH a. COUNTY Calloway				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Pattis											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Mo.		c. LENGTH OF STAY (in this place) 1 yr +		c. CITY OR TOWN Green ridge		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1				e. STREET ADDRESS (If rural, give location) 0800,											
3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) C. c. (Last) Welty			4. DATE OF DEATH July 28 1954			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Oct. 6, 1866		9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months 9 Days 22 IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher & Farmer				10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Nagers Town, Maryland U.S.A.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Christopher Welty			13b. MOTHER'S MAIDEN NAME Possion Berger			14. NAME OF HUSBAND OR WIFE Florence Kaufman									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. AK		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital #1 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 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.								INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?										
22. I hereby certify that I attended the deceased from July 26, 1954 , to July 28, 1954 , that I last saw the deceased alive on July 28, 1954 , and that death occurred at 4:20 P.M. , from the causes and on the date stated above.															
23a. SIGNATURE F. J. Nichols M.D. (Degree or title)				23b. ADDRESS State Hospital No. 1				23c. DATE SIGNED July 28, 1954							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 29, 1954		24c. NAME OF CEMETERY OR CREMATORY Cola Cemetery		24d. LOCATION (City, town, or county) (State) Cola Iowa									
DATE REC'D BY LOCAL REG July 31-54		REGISTRAR'S SIGNATURE Maretha Lawrence		426		5. FUNERAL DIRECTOR'S SIGNATURE Maupin F. H. ADDRESS Fulton Mo									

(Licensed Embalmer's Statement on Reverse Side)

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

7

S. No. 300
V. 10-48

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 *Wm A Stewart*.....

Licensed Embalmer No. *3722*

P. O. Address *Fuller St*.....

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.