

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37138**

FILED DEC 13 1954

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>190</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gilman City 0410</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Rest Home - 1411 Main</u>				3. NAME OF DECEASED a. (First) <u>Leon</u> b. (Middle) <u>Allen</u> c. (Last) <u>Welden</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>12 3 1954</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>6-27-1879</u>		9. AGE (In years last birthday) Months Days <u>75 5 6</u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Maysville, Mo. DeKalb Co USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Thomas A. Welden</u>		13b. MOTHER'S MAIDEN NAME <u>Emma J. O'Leary</u>	
14. NAME OF HUSBAND OR WIFE <u>Abigail Welden</u>		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. <u>500-36-3900</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Welden</u> ADDRESS <u>Gilman City</u>	
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) <u>Lobular pneumonia, bilateral,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis of lower lobe, left lung, with abscess.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>marked coronary atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490 X</u>				20. AUTOPSY? YES <input checked="" 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) m.		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 <u>his autopsy on 12/4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John E. Johnson M.D.</u>				23b. ADDRESS <u>Research Hospital Kansas City, Mo. 12/4/54</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Blue Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Gilman City Harrison Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-6-54</u>		REGISTRAR'S SIGNATURE <u>Irene Jaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McHale</u> ADDRESS <u>Bethany Mo</u>			

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 _____

W.A. Jones

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

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.

W.A. Jones