

FILED NOV 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37659

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5059

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>2 months</b>		c. CITY OR TOWN <b>DREXEL</b>		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 (If not in hospital or institution, give street address or location) <b>VETERANS ADMINISTRATION HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>X</b> <span style="float: right;">0070 1</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEO</b> b. (Middle) <b>E.</b> c. (Last) <b>WELSH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 29, 1954</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b> <input type="checkbox"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> <input type="checkbox"/>	8. DATE OF BIRTH <b>January 1, 1890</b>		9. AGE (In years last birthday) <b>64</b>	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) <b>Steamfitter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Welsh</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Welch</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn WELSH</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>500-12-7776</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA Hospital Official Records, K.C. Mo</b>			
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) <b>Hemorrhage, gastrointestinal</b>  ANTECEDENT CAUSES DUE TO (b) <b>Duodenal ulcer</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Pulmonary tuberculosis with fibrosis and cavitation</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 mos.</b>  <b>5410</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>VA</b>		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 <b>August 29, 1954</b> , to <b>October 29, 1954</b> , and that death occurred at <b>3:13A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name of title) <b>DORTHEA WEYBRIGHT, M.D.</b>				23b. ADDRESS <b>VA Hospital, Kansas City, Mo</b>		23c. DATE SIGNED <b>10-29-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>NOV. 2, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CANARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>11-1-54</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. H. Newcome's Sons 1331 BRUSH CREEK Kansas City, Mo.</b>			

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

STATEMENT BY LICENSED EMBALMER

1911

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 *Chester R Brown*.....

Licensed Embalmer No. *49*

P. O. Address *100 m*

\*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.