

FILED FEB 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **137**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LUTCSVILLE</b>		c. CITY OR TOWN <b>MARBLE HILL</b>	
c. LENGTH OF STAY (in this place) <b>5 wks</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 <b>Home of Son</b>		STREET ADDRESS (If rural, give location) <b>0090</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EVA</b>	b. (Middle) <b>CAROLYN</b>	c. (Last) <b>WELKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 11-1955</b>
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5. SEX <b>F.M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE 29-1897</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BOLLINGER COUNTY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>J. C. COUSEY</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES WELKER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) (If yes, give war of date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. W. Welker</b>	ADDRESS <b>Stuttgart Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Phlebotosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b></b> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b></b>		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 22**, 1955, to **Jan 11<sup>th</sup>**, 1955, that I last saw the deceased alive on **Jan 2**, 1955, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edwin Crites M.D.</b>	(Degree or title)	23b. ADDRESS <b>Scalgewick Rd</b>	23c. DATE SIGNED <b>1/14/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-13-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BARKS CHAPEL Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Grump Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 31, 1955</b>	REGISTRAR'S SIGNATURE <b>William W. Welker</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene Ward</b>	ADDRESS <b>Stuttgart Mo</b>
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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.....  
Licensed Embalmer No. 3810  
P. O. Address Cape Girardeau

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.