

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

358

State File No.

FILED FEB 3 - 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Butler 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY OR TOWN Malden	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Day		e. STREET ADDRESS (If rural, give location) 504 N. Madison 0351	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) SAREPTA	b. (Middle) DEBORAH	c. (Last) WELTY	4. DATE OF DEATH (Month) (Day) (Year)
				Jan, 17-1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 3, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR 9 Months 14 Days	IF UNDER 24 HRS. 14 Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Waltonville, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Luther S. Place	13b. MOTHER'S MAIDEN NAME Melissa H Irons	14. NAME OF HUSBAND OR WIFE Donald S. Welty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruth Beall	ADDRESS Malden, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pyelitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease		Unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Good	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 1-17 ¹⁹⁵⁵ to 1-17, 1955, that I last saw the deceased alive on 1-17, 1955, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Poplar Bluff, Mo	23c. DATE SIGNED 1/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-19-55	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Malden Missouri
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DATE REC'D BY LOCAL REG. 1/25/55	REGISTRAR'S SIGNATURE <i>[Signature]</i> 489-0	25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME?	ADDRESS Malden, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 31 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *J. D. Scherman*

Licensed Embalmer No. *408*

P. O. Address *Malden*

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.