

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1847

State File No.

BIRTH NO. REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Morgan Township</u>		c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY OR TOWN <u>Versailles</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 M. E. Versailles</u>		e. STREET ADDRESS (If rural, give location) <u>8 M. E. Versailles</u> <u>0710</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Christina</u> b. (Middle) <u>Welchman</u> c. (Last) <u>Welchman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 23, 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan, Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry Tomhke</u>		13b. MOTHER'S MAIDEN NAME <u>Margarette Bauer</u>		14. NAME OF HUSBAND OR WIFE <u>William Welchman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Welchman</u> ADDRESS <u>Versailles, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of breast</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Breast cancer operated</u> DUE TO (c)			<u>6 years</u>
		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"/>	
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 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 Jan. 1, 1955 to Jan 9, 1955, that I last saw the deceased alive on Jan 1, 1955, and that death occurred at 100 ft m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack Gunn M.D.</u>		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>1-10-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10 Jan. 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Storer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Storer, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-11-55</u>		REGISTRAR'S SIGNATURE <u>J. L. Wash</u> <u>214-0</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. T. ...</u> ADDRESS <u>Versailles, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Amie D. Barton

Licensed Embalmer No. *102*

P. O. Address *Perisville*

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.