

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4143

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>3 DAY</u>	c. CITY OR TOWN <u>Lutesville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>2 Block So Hwy 51</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHRONA</u>	b. (Middle) <u>CAROLINE</u>	c. (Last) <u>WELKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-1955</u>
---	-----------------------------	-------------------------	---

5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2 Dec, 4-1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 24 HRS Hours <u></u> Mins. <u></u>
------------------	---------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>DANIEL MYERS</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH</u>	14. NAME OF HUSBAND OF WIFE <u>J.W. WELKER</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vestus Shell</u>	ADDRESS <u>Ston Allen 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>fastonintestinal Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Isolable malignancy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Burn 2nd degree right arm</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Bcc 18 1954</u>	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 Dec 18, 1954 to 2/15, 1955, that I last saw the deceased alive on 2/15, 1955, and that death occurred at 9:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>2-17-55</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLENN ALLEN Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER MO</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG <u>2-18-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>	ADDRESS <u>Subotville Mo</u>
--	--	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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. 3814

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.