

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14809

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY OR TOWN Braymer		c. CITY OR TOWN Braymer	
c. LENGTH OF STAY (in this place) 3 hrs.		d. STREET ADDRESS (If rural, give location) 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Braymer Clinic			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) RALPH	b. (Middle) ELMER	c. (Last) WELKER	(Month) 3	(Day) 3	(Year) 1955
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 4/9/1915	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) paper delivery boy		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Carroll Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elmer Welker	13b. MOTHER'S MAIDEN NAME Lula Ann Caseldine	14. NAME OF HUSBAND OR WIFE single
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 ADDRESS Mrs. Lula Welker, Braymer, Mo.

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 4 Hours many years many years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	DUE TO (b) Cerebral Arteriosclerosis	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Hypertension (Idiopathic)	DUE TO (c) Epilepsy	
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) (Minute)	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 June, 1947 to Mar. 3, 1955, that I last saw the deceased alive on Mar. 3, 1955, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Goldberg M.D.	23b. ADDRESS Braymer, Mo.	23c. DATE SIGNED 3/10/55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/6/1955	24c. NAME OF CEMETERY OR CREMATORY Low Gap cemetery
24d. LOCATION (City, town, or county) (State) Carroll Co., Mo.		

DATE REC'D BY LOCAL REG. 5-14-1955	REGISTRAR'S SIGNATURE Mrs. Lillian Zuppert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gen. Michael, Braymer, Mo.
--	--	---

(I. E. Edgler's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~

~~Student Embalmer~~

Signed

Geneb, Michael

Licensed Embalmer No. *4340*

P. O. Address *Braymer, Mo.*

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 this body is not embalmed, fact should be so stated above.