

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24956**

FILED AUG 9 - 1955

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **143**

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, write RURAL and give town or township) MARSHALL	c. LENGTH OF STAY (In this place) 17 DAYS	c. CITY OR TOWN SWEET SPRINGS	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 MODERN REST HOME, Russell St.		e. STREET ADDRESS (If rural, give location) 6970	

3. NAME OF DECEASED (Type or Print)	a. (First) PHOEBE	b. (Middle) JANE	c. (Last) WELCH	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 1 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH DECEMBER 29-1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 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 AT HOME	11. BIRTHPLACE (City and State or Foreign Country) NEAR HOUSTONIA MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME CHARLES URTON	13b. MOTHER'S MAIDEN NAME ROSIE DELAPP	14. NAME OF HUSBAND OR WIFE JOSEPH H. WELCH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Brookie Kirchoff ADDRESS Sweet Springs, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca left lung		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized metastasis. DUE TO (b) DUE TO (c) 163X		
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 **7-7-55**, 19**55**, to **8-1-55**, 19**55**, that I last saw the deceased alive on **8-1-55**, 19**55**, and that death occurred at **4:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ralph H. Jones (Degree or title) M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 8-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUGUST 3, 1955	24c. NAME OF CEMETERY OR CREMATORY HOUSTONIA	24d. LOCATION (City, town, or county) (State) HOUSTONIA MO
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DATE REC'D BY LOCAL REG. Aug. 3-55	REGISTRAR'S SIGNATURE Cecil G. Read 385-0	25. FUNERAL DIRECTOR'S SIGNATURE T. P. Lasher ADDRESS Sweet Springs, Mo
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(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.....
L. F. Parker

Licensed Embalmer No. *38*

P. O. Address *Street*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.