

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26614

FILED SEP 1 1955

State File No. \_\_\_\_\_

BIRTH NO. 57404-55 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Levasy (Sibley rural route)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Duane Robert</b> b. (Middle) <b>Welter</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>August 21, 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>August 6, 1955</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 1 HR. Hours Min. <b>15</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. BIRTHPLACE (State or foreign country) <b>Independence, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Robert Welter</b>	13b. MOTHER'S MAIDEN NAME <b>Inez Schoppenhorst</b>	14. NAME OF HUSBAND OR WIFE <b>xxx</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Welter, Sibley, Mo.</b>	ADDRESS
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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 <b>None</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Laceration Durol Sinus</b> <b>2. Sub Dural Hemorrhage</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Bronchopneumonia</b> DUE TO (c) <b>Introventricular Septal Defect</b>		
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 <b>7542</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 8-5, 1955, to 8-21, 1955, that I last saw the deceased alive on 8-21, 1955, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Charles Williams M.D.</b>	23b. ADDRESS <b>Clark Grove Mo.</b>	23c. DATE SIGNED <b>8-22-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug. 22, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Levasy Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Levasy, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-22-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Buckner, Mo.</b>
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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 .....  
Student Embalmer

Signed

*Ralph Jones*

Licensed Embalmer No.

*4604*

P. O. Address

*Odesa, 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.