

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30328**

BIRTH NO.		REG. DIST. NO. <b>267</b>	PRIMARY REG. DIST. NO. <b>5900</b>	Registrar's No. <b>139</b>
1. PLACE OF DEATH a. COUNTY <b>Remiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Remiscot</b>		
b. CITY (If outside corporate limits, write RURAL and township) <b>State Bragg</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Gabler</b>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0180</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ormer</b> b. (Middle) <b>Welch</b> c. (Last) <b>Welch</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-5-55</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-26-1917</b>	9. AGE (In years last birthday) <b>38</b> 10. MONTHS <b>4</b> 11. DAYS <b>9</b> 12. IF UNDER 18 HRS. <b>0</b> 13. IF UNDER 6 MINS. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Portageville Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Elder Welch</b> 13b. MOTHER'S MAIDEN NAME <b>Ila Reason</b> 14. NAME OF HUSBAND OR WIFE <b>Margaret Welch</b>		
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.		17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Welch</b> ADDRESS <b>State Rt 2</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound in head</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E981X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Murder</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Gabler</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Remiscot Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-5-55</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Shot by Raymond Bounds with 12 gauge shot</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>LP</b> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>John St. German, M.D.</b>		23b. ADDRESS <b>Hart, Mo.</b>		23c. DATE SIGNED <b>9-5-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>9-7-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>
24d. LOCATION (City, town, or county) (State) <b>State Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>German Undert Co.</b> ADDRESS <b>State Mo</b>		
DATE REC'D BY LOCAL REG. <b>9-14-55</b>		REGISTRAR'S SIGNATURE <b>John St. German</b>		

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

9-255-55

SEP 19 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *435*  
P. O. Address *Hayt, 7*

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.