

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33612

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 4103
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 59 years	c. CITY OR TOWN KANSAS CITY	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 VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS 3323 TRACY	3520	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) AUGUST	c. (Last) WELCH Jr.	4. DATE OF DEATH (Month) (Day) (Year) September 16, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1896	9. AGE (in years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman & AGENT		10b. KIND OF BUSINESS OR INDUSTRY DANFLORY REALTY CO.	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Charles A. Welch		13b. MOTHER'S MAIDEN NAME Emma M. Glasscock	14. NAME OF HUSBAND OR WIFE Grace A. Welch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 499-14-3687	17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac paralysis due to idiopathic idiosyncrasy to pontocaine during bronchography. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) bronchography. DUE TO (c) Pulmonary emphysema (marked) Bronchopneumonia and congestion left lung. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2954 46 Years 2 weeks.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION lung.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 12 (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	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 August 25, 1955, to September 16, 55, and that death occurred at 2:00 P.m., from the causes and on the date stated above.				
23a. SIGNATURE GUIDO PODRECCA, M. D. Guido Podrecca		23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 9-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT-20-1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 9-20-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcomer		ADDRESS 4331 GRANT ST. KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 *Kollie Kessel*

Licensed Embalmer No. *46*

P. O. Address *K.C.*

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