

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33889

State File No. ....

FILED NOV 1 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Lebanon, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 66</u>		d. STREET ADDRESS (If rural, give location) <u>621 1/2 Main Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>George</u>	c. (Last) <u>Welcher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 23, 1955</u>
--	---------------------------	---------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>19 June 1936</u>	9. AGE (In years last birthday)	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 24 HRS. Min.
--------------------	-----------------------------	--	---	---------------------------------	--------------------------	------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>Deceased - WELCHER</u>	13b. MOTHER'S MAIDEN NAME <u>Wanda Faye (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1 Jun 55 to date</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>C.F. REARDON, 2d Lt. MSC, Ft. Leonard Wood, Mo.</u>
---	---	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary hemorrhage.</u>		←
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture and comminution of larynx.</u> DUE TO (c) <u>Fracture of 1, 2 &amp; 3 cervical vertebra</u> with compression of spinal cord.		←

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Lebanon, Laclede, Missouri</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>October 23, 1955 4:25 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>
--	---	--

22. I hereby certify that I attended the deceased from 24 October 1955, to 24 October 1955, that I last saw the deceased alive on 19, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Delgado, Capt. USA</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>24 Oct 55</u>
--	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>	24b. DATE <u>1 0-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Elwood Indiana</u>
--	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>10-25-1955</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy J. Hedger</u>	ADDRESS <u>Richland, Mo</u>
---	---	-----	--	--------------------------------

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

5320

3

0.38

Received 10-31-55

Laclede County Health Unit

File No. 171

Date Filed 10-31-55

---

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

*Clarence Drose*

Licensed Embalmer No. 4896

P. O. Address Wagonville, 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.