

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37085

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5009

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		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"/>
c. LENGTH OF STAY (in this place) 1947		e. STREET ADDRESS (If rural, give location) 1835 N. 13th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Terminal tracks & Broadway			

3. NAME OF DECEASED (Type or Print)	a. (First) Ira	b. (Middle)	c. (Last) Welsch	4. DATE OF DEATH (Month) (Day) (Year) Nov 15, 1955
-------------------------------------	-----------------------	-------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-2-1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dock Checker	10b. KIND OF BUSINESS OR INDUSTRY Trucking Co.	11. BIRTHPLACE (City and State or Foreign Country) Fellsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? US.A.
---	---	---	---

13a. FATHER'S NAME Jacob M. Welsch	13b. MOTHER'S MAIDEN NAME Mellie Ann Harrell	14. NAME OF HUSBAND OR WIFE Kittie May Welsch
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-16-4120	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Beydler	ADDRESS Greensburg, Ks.
--	---	---	--------------------------------

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) Fractured ribs ruptured		INTERVAL BETWEEN ONSET AND DEATH
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart failure, massive DUE TO (c) hemorrhage chest abd		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			8104 26

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

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Terminal tracks	21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo.
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-55 10:30pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto went off viaduct at Broadway onto terminal tracks
---	---	--

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Rugh H. Owens (Degree or title) Coroner	23b. ADDRESS 1034 Rialto-Bldg	23c. DATE SIGNED 11-17-55
--	--------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Burlin	24d. LOCATION (City, town, or county) (State) Burlin, Missouri
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG 11-18-55	REGISTRAR'S SIGNATURE Reva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Echternacht ADDRESS FUNERAL HOME 1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7

MAN I OF 1956

Name of Deceased: *Joseph M. Joseph*
 Date of Death: *Nov 12, 1956*
 Place of Death: *St. Joseph's Hospital, Kansas City, Mo.*
 Name of Physician: *Dr. J. H. ...*
 Name of Undertaker: *Joseph M. Joseph*
 Address of Undertaker: *1825 E. 13th St., Kansas City, Mo.*
 Name of Embalmer: *James E. Hochleiman*
 Address of Embalmer: *K.C., 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..

X

Student:
Signature of Student Embalmer

Signed: *James E. Hochleiman*
Licensed Embalmer No. *457*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.