

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39023

State File No. 39023
Registrar's No. 9612

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.		b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN BALLWIN #74P	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 219 E. SKYLINE DR.			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) E.			c. (Last) WELBORN			4. DATE OF DEATH (Month) (Day) (Year) NOV. 3 1955		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 9. 21. 78		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months: _____ Days: _____		11. UNDER 2 HRS. Hours: _____ Min.: _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) Mo. - Bloomfield				12. CITIZEN OF WHAT COUNTRY? AMERICAN			
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13a. FATHER'S NAME THOMAS WELBORN			13b. MOTHER'S MAIDEN NAME MARY ANNE WARREN			14. NAME OF HUSBAND OR WIFE ELSA		
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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) NO NO		16. SOCIAL SECURITY NO. 499-05-9978		17. INFORMANT'S SIGNATURE OR NAME VIRGIE JOHNSON				ADDRESS Poplar Bluff, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) NO		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE							
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS							
		DUE TO (c) TROMBOSIS BASILAR ARTERY							
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 331X						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) (m.)		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 **10. 30 - 1955**, to **11. 3 - 1955**, that I last saw the deceased alive on **11. 3, 1955**, and that death occurred at **1:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Montgomery, M.D.		23b. ADDRESS 5535 Delmar				23c. DATE SIGNED 11/3/55	
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24a. BURIAL, CREMATION, REMOVAL removal		24b. DATE 11-4-55		24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. NOV 4 1955		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Greer-Coy-Fitch		ADDRESS Poplar Bluff, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956
FEB 2

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 *Francis J. Wyland Jr*
Licensed Embalmer No. *45*
P. O. Address *St. Louis*

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.