

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40177

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5-446 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Gentry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. COUNTY Gentry

b. CITY OR TOWN Cooper Twp

c. CITY OR TOWN rural

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTIONS S. W. Of Stanberry 5 miles

f. STREET ADDRESS (If rural, give location) S. W. Of Stanberry 5 miles

3. NAME OF DECEASED
a. (First) Mr. Paul Anthony b. (Middle) Welch c. (Last) Welch

4. DATE OF DEATH (Month) (Day) (Year)
Dec 9 1955

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Mar. 23 1919

9. AGE (In years last birthday) 36
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 1 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Gentry Co. Mo.

12. CITIZEN OF WHAT COUNTRY USA.

13. FATHER'S NAME Richard Welch

13b. MOTHER'S MAIDEN NAME Ellen Dugan

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Ellen Welch, Stanberry, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lumbaritis and scoliosis
DUE TO (c) slow growth - mind of 5 yr old child
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
491X

INTERVAL BETWEEN ONSET AND DEATH
3 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-9-1955 to 12-9-1955, that I last saw the deceased alive on 12-9-1955, and that death occurred at 3 P M, from the causes and on the date stated above.

23a. SIGNATURE (Name of Doctor or other qualified person) Charles N. Williams, M.D.

23b. ADDRESS Gentry Mo.

23c. DATE SIGNED 12-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 12/12/55

24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary

24d. LOCATION (City, town, or county) (State) Stanberry, Mo.

DATE REC'D BY LOCAL REG. Dec 12 1955

REGISTRAR'S SIGNATURE Maudie Williams 462

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Fatoy & Phillips Stanberry, MO

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

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.....
Henry J. Plulle

Licensed Embalmer No. 18

P. O. Address *South*

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.