

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

828

State File No. _____

FILED FEB 7 1956

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>DEKALB</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DEKALB</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameroon</u>	c. LENGTH OF STAY (in this place) <u>11 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cameroon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>129 E. 2nd St.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Hugh</u>	b. (Middle) <u>David</u>	c. (Last) <u>Welch</u>	<u>Jan 15 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 27 1901</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (State or foreign country) <u>Marshfield MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John F. Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Delilah Bernhardt</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Welch</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>494-32-6543</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Elizabeth Welch Cameroon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>massive coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 1-15, 1956, to 1-15, 1956, that I last saw the deceased alive on 1-15, 1956, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>St. Wetherston MD</u>	23b. ADDRESS <u>Cameroon Mo</u>	23c. DATE SIGNED <u>1-19-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo.</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>1-25-56</u> <u>Wimfred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK Cameroon Mo</u>
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1956 03 10

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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, 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.