

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3549**BIRTH NO. **62095-55** REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6151** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma, rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma, rural	
c. LENGTH OF STAY (in this place) 4 mos.		d. STREET ADDRESS (If rural, give location) 10 mi. N.E. Parma,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elk Twp.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) David	b. (Middle) Earl	c. (Last) Welch	(Month) Jan.	(Day) 25	(Year) 1956
5. SEX male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 15 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Dexter Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Lonnie Welch	13b. MOTHER'S MAIDEN NAME Carol Bailey	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lonnie Welch Parma Mo; Rt. 1
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) Bronchial Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchitis	2 days
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) (Min)	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 **Sept 22, 1955, to Jan 23, 1956**, that I last saw the deceased alive on **Jan 23, 1956**, and that death occurred at **3:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Harold A. Pae	(Degree or title) MD	23b. ADDRESS 1007 W. 11th St. Moberly, Mo.	23c. DATE SIGNED 1/29/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan. 27 1956	24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery	24d. LOCATION (City, town, or county) (State) Bernie Missouri
DATE REC'D BY LOCAL REG. 2-6-56	REGISTRAR'S SIGNATURE W. J. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service	ADDRESS Parma Mo;

(Licensed Embalmer's Statement on Reverse Side)

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 Mark Wathen

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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