

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3578**

FILED FEB 14 1956

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6190		Registrar's No. 16	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Taney		b. CITY OR TOWN Ramson		a. STATE MO		b. COUNTY Ozark	
c. LENGTH OF STAY (in this place) 10 mo		c. CITY OR TOWN Lutie and Forsyth, MO		d. Is Residence within limits of a city or incorporated town? No		e. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Table Rock Dam Site				f. Is Residence within limits of a city or incorporated town? No			
3. NAME OF DECEASED		a. (First) James		b. (Middle) Albert		c. (Last) Welch	
(Type or Print)		4. DATE OF DEATH		(Month) 1		(Day) 31	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-4-1897	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 4 Days 27		IF UNDER 24 HRS. Hours Mins. 		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
11. BIRTHPLACE (City and State or Foreign Country) Lutie MO		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Welch		13b. MOTHER'S MAIDEN NAME Matilda Milton	
14. NAME OF HUSBAND OR WIFE Raice Welch		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. 497-32849		17. INFORMANT'S SIGNATURE OR NAME Raice Anna Welch - Forsyth	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Skull Fracture				Instant	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Broken neck					
		DUE TO fall in concrete					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. 9023					
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION 6				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Table Rock Dam		21c. (CITY, TOWN, OR TOWNSHIP) Ramson (COUNTY) Taney (STATE) MO			
21d. TIME OF INJURY (Month) 1 (Day) 31 (Year) 56 (Hour) 3:40		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell off of concrete wall			
22. I hereby certify that I attended the deceased from 1-31-1956 , to 1-31-1956 , that I last saw the deceased 1-31-1956 , and that death occurred at 3:40 m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Threadgill M.D. (Degree of title)				23b. ADDRESS Forsyth MO		23c. DATE SIGNED 2-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-56		24c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery		24d. LOCATION (City, town, or county) (State) Lutie MO	
DATE REC'D BY LOCAL REG. 2/7/56		REGISTRAR'S SIGNATURE Delmar Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Whechel F. Home		ADDRESS Ramson MO	

(Licensed Embalmer's Statement on Reverse Side)

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

10623

FEB 28 1958

JUN 4 1957

JUL 23 1956

FEB 14 1958

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 *Minnie L. Whelsh*

Licensed Embalmer No. *227*

P. O. Address *Branson*

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.