

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3721**

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| BIRTH NO. | | REG. DIST. NO. 10 | | PRIMARY REG. DIST. NO. 5036 | | Registrar's No. 37 | |
| 1. PLACE OF DEATH a. COUNTY Audrain | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural, Audrain | | c. LENGTH OF STAY (in this place) 12 yrs | | c. CITY OR TOWN Rural, Audrain | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RR #1, Centralia, | | | | e. STREET ADDRESS (If rural, give location) R.R. #1, Centralia, Mo. | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) Barah | | b. (Middle) Emma | | c. (Last) Welch | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 8, 1871 | | 9. AGE (In years last birthday) 84 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (City and State or Foreign Country) Andersonburg, Penn. | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Michael Gutshell | | 13b. MOTHER'S MAIDEN NAME Margaret Stanbaugh | |
| 14. NAME OF HUSBAND OR WIFE John Welch | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Vassos | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crowning Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Secondary Sinusitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH ? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) | | 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 Oct. , 19___, to Feb. 18 , 19 56 , that I last saw the deceased alive on Feb. 14 , 19 56 , and that death occurred at 4 A. M. , from the causes and on the date stated above. | | 23a. SIGNATURE (Degree or title) John C. Owen D.O. | | 23b. ADDRESS Martinsburg Mo. | |
| 23c. DATE SIGNED 2-21-56 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 20, 56 | | 24c. NAME OF CEMETERY OR CREMATORY East Lawn | |
| 24d. LOCATION (City, town, or county) (State) Audrain County, Mo. | | DATE REC'D BY LOCAL REG. Feb 21 1956 | | REGISTRAR'S SIGNATURE Blanche Neely 9-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE Patrick Houston | |
| ADDRESS Mexico, Mo. | | (Licensed Embalmer's Statement on Reverse Side) | | | | | |

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..... *Evel E. Pruitt*

Licensed Embalmer No..... 3189

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.