

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10080

State File No. ....

|                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |
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| BIRTH NO. ....                                                                                                                                                                                                                                                                                 |  | REG. DIST. NO. <u>274</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | PRIMARY REG. DIST. NO. <u>3852</u>                                                                                                                                                                                                                                                                                                                                                         |  | Registrar's No. <u>144</u>                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u><br>b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u><br>c. LENGTH OF STAY (in this place) <u>Life</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Pettis</u><br>c. CITY OR TOWN <u>Sedalia</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>STREET ADDRESS (If rural, give location) <u>1505 South Barrett</u> |  |                                                                      |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>LANDON</u><br>b. (Middle) <u>WESLEY</u><br>c. (Last) <u>WELCH</u>                                                                                                                                                                         |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>March 10, 1956</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                                                                                                                         |  | 6. COLOR OR RACE <u>White</u>                                        |  |
| 7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)                                                                                                                                                                                                                                 |  | 8. DATE OF BIRTH<br><u>Sept. 9, 1895</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 9. AGE (In years last birthday) <u>60</u>                                                                                                                                                                                                                                                                                                                                                  |  | IF UNDER 1 YEAR<br>Months Days Hours Min.                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Owner &amp; Operator</u>                                                                                                                                                                     |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Grocery Bus.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dunksburg, Missouri</u>                                                                                                                                                                                                                                                                                                              |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                              |  |
| 13a. FATHER'S NAME<br><u>John W. Welch</u>                                                                                                                                                                                                                                                     |  | 13b. MOTHER'S MAIDEN NAME<br><u>Alice Peters</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 14. NAME OF HUSBAND OR WIFE<br><u>Helen Morris Welch</u>                                                                                                                                                                                                                                                                                                                                   |  |                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u><br>(If yes, give war or dates of service)                                                                                                                                                                          |  | 16. SOCIAL SECURITY NO.<br><u>495-36-6900</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>John W. Welch, Sedalia, Missouri</u>                                                                                                                                                                                                                                                                                                       |  |                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                                                |  | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary Arteriosclerosis</u><br>DUE TO (b) <u>Coronary Arteriosclerosis</u><br>DUE TO (c) <u>Coronary Arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                                                                                                                                                                                                                                                                                            |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 hours</u>                  |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                         |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |  | 4201                                                                 |  |
| 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)                                                                                                                                                                                                                                                                                                                                            |  | 21f. HOW DID INJURY OCCUR?                                           |  |
| 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"/>                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |
| 22. I hereby certify that I attended the deceased from <u>Apr 49</u> , 19 <u>49</u> , to <u>10 Mar 56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10 Mar 56</u> , 19 <u>56</u> , and that death occurred at <u>7:45 PM</u> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                      |  |
| 23a. SIGNATURE<br><u>Carl H. [Signature]</u>                                                                                                                                                                                                                                                   |  | 23b. ADDRESS<br><u>1216 West 18th Street Sedalia Mo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 23c. DATE SIGNED<br><u>11 Mar 56</u>                                                                                                                                                                                                                                                                                                                                                       |  |                                                                      |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                     |  | 24b. DATE<br><u>Mar. 12, 1956</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Park</u>                                                                                                                                                                                                                                                                                                                                 |  | 24d. LOCATION (City, town, or county) (State)<br><u>Sedalia, Mo.</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>3-12-56</u>                                                                                                                                                                                                                                                     |  | REGISTRAR'S SIGNATURE<br><u>Lavonia [Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>[Signature] Sedalia, Mo.</u>                                                                                                                                                                                                                                                                                                                |  |                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

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

1961 OCT 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. 527  
working under my personal supervision..

Student Clifford Hauge 527  
Signature of Student Embalmer

Signed D. W. Heckart

Licensed Embalmer No. 34

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.