

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13555

State File No. _____

FILED MAY 10 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1715

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 45 yrs. | | STREET ADDRESS (If rural, give location) 1113 1/2 East 12th Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 1113 1/2 East 12th St. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Welch | | | 4. DATE OF DEATH (Month) (Day) (Year) 4 19 56 | | |
| 5. SEX D Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 9, 1876 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and State or Foreign Country) Burlington, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME John W. Welch | 13b. MOTHER'S MAIDEN NAME Rebecca Bowman | 14. NAME OF HUSBAND OR WIFE Martha E. Welch |
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| 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. 500-03-3533 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Gallagher, Galesburg, Illinois | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, ashenia, 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. 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. | | |

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| 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Hugh H. Owens (Degree or title) <i>Hugh H. Owens, Coroner</i> | 23b. ADDRESS 1034 North Blvd | 23c. DATE SIGNED 4-21-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-23-56 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 4-21-56 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar | ADDRESS 1800 E. Linwood |
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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..... *Leonard E. Parson*

Licensed Embalmer No. *45*

P. O. Address..... *12 C. M.*

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.