

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18863

FILED JUN 1 1956

318

1003

State File No. ....

4680

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Ellington		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) Star Rt. # 2				09201		
3. NAME OF DECEASED (Type or Print) a. (First) Nellie			b. (Middle) B.		c. (Last) Welch		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 9, 1886		9. AGE (in years last birthday) 70		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Windsor, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Collins			13b. MOTHER'S MAIDEN NAME Sarah Fogg			14. NAME OF HUSBAND OR WIFE Hugh 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. 490-22-3258		17. INFORMANT'S SIGNATURE OR NAME Leon Atchison, 4401a N. Florissant				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Gangrene of jejunum</u> DUE TO (c) <u>Chronic Cholecystitis and Lithiasis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1-2 days</u> <u>31 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>584x</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <u>May 6</u> , 19 <u>56</u> , to <u>May 11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>May 11</u> , 19 <u>56</u> , and that death occurred at <u>3:03A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>E. Vermillion, M.D.</u>					23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 5/11/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-14-56		24c. NAME OF CEMETERY OR CREMATORY Protestant Cemetery			24d. LOCATION (City, town, or county) (State) Sparta, Illinois			
DATE REC'D BY LOCAL REG. MAY 14 1956		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,					

(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 *H. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *M. L.*

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.