

Health,
Welfare
Public
Service

300
1-57

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

256033
STATE FILE NUMBER

FILED JUL 19 1957
Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Perryville</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN <u>Breman</u> <small>(If outside, give location)</small>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memorial</u>		d. STREET ADDRESS	
3. NAME OF DECEASED <small>(Type or print)</small> First <u>Elsie</u> Middle <u>Lydia</u> Last <u>Welge</u>		4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 15 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		11. BIRTHPLACE (City and state or country) <u>Farrar Missouri</u>	
13a. FATHER'S NAME <u>Frederick Buckmann</u>		14. NAME OF HUSBAND OR WIFE <u>Henry C Welge</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>410-10.0453</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stroke</u> DUE TO (b) <u>multiple fracture</u> DUE TO (c) <u>internal hemorrhage</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address <u>Gilbert Welge Percy Illinois</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>DEATH BY AUTO</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>impact collision with bridge & truck</u>	
20c. TIME OF INJURY Hour <u>7:50 P.M.</u> Month, Day, Year <u>6-2-57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>McBride, Mo., Hwy 57</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>McBride Perry Mo</u>	
21. I attended the deceased from: <u>Parish of Perry County, Mo</u> to <u>Parish of Perry County, Mo</u> last saw her alive on <u>6-13-57</u> Death occurred at <u>6:05 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>D. Mulholland</u> <small>(Degree of title)</small> of <u>Perry County, Mo</u>	
22b. ADDRESS <u>Perryville Mo</u>		22c. DATE SIGNED <u>6-14-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 16 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		23d. LOCATION (City, town, or county) (State) <u>Chester Illinois</u>	
24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-15-57</u>	
26. REGISTRAR'S SIGNATURE <u>Joe J. Zedler</u>			

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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 *Edward J. Jones*

Licensed Embalmer No. *2138*

P. O. Address *Cambridge*

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.