No. 300
10.48

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

FILED FEB 7 1958

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 1980

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 304 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 813 S. Rollins

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN: Macon
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 813 S. Rollins

0611 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOSEPH
b. (Middle): WARREN
c. (Last): WELCH

**4. DATE OF DEATH** (Month) (Day) (Year): Jan. 2, 1958

**5. SEX**: Male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Sept 18, 1869
**9. AGE** (In years last birthday): 88 — IF UNDER 1 YEAR: Months 3, Days 14 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): retired carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**: carpenter
**11. BIRTHPLACE** (City and State or Foreign Country): Randolph County, , Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Joseph Welch
**13b. MOTHER'S MAIDEN NAME**: —
**14. NAME OF HUSBAND OR WIFE**: Minnie Holmes Welch

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Vera Leath, Macon, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Pelvic Veins thrombosis — 2 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Convalescence from surgery for Rectal Prolapse 578K

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**:
**AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Dec. 5, 1957, *to* Jan 2, 1958, *that I last saw the deceased alive on* Jan 2, 1958, *and that death occurred at* 4:45 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): James E. Campbell M.D.
**23b. ADDRESS**: Macon Mo.
**23c. DATE SIGNED**: 1/13/58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 1/5/1958
**24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cemetery
**24d. LOCATION** (City, town, or county) (State): Macon, Missouri

**DATE REC'D BY LOCAL REG.**: 2/1/58
**REGISTRAR'S SIGNATURE**: Pauline McNeely
**25. FUNERAL DIRECTOR'S SIGNATURE**: R. Lester Bram
**ADDRESS**: Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

County File No. 2,581 B

Date Filed 2.6.58

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Lester Brown

Licensed Embalmer No. 447

P. O. Address Macon,

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