

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008835  
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> / <u>0020</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rea</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Ellis Fischel STATE</u> INSTITUTION <u>Cancer Hospital</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Henry Welden</u>			4. DATE OF DEATH Month Day Year <u>April 1 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Paper Hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PAPER HANGER</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Welden</u>		13b. MOTHER'S MAIDEN NAME <u>Jusan Coleman</u>	
14. NAME OF HUSBAND OR WIFE <u>Florence Harris</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>None</u>	
17. INFORMANT <u>Hospital records</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>Adenocarcinoma of rectum with generalized metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>154X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>1</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Columbia, Mo</u>		20g. COUNTY <u>SAVANNAH, MO</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from Death occurred at <u>3-28-58</u> to <u>4-1-58</u> and last saw <u>him</u> alive on <u>4-1-58</u> <u>6:20</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Richard E. Johnson, MD</u>		22b. ADDRESS <u>Columbia, Mo</u>	
22c. DATE SIGNED <u>4-1-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-1-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park St Joseph Mo</u>		23d. LOCATION (City, town, or county) <u>SAVANNAH, MO</u>		(State)	
24. FUNERAL DIRECTOR <u>Parsons Funeral Service Columbia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 1 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

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Director, Coronary, etc. All diseases in Part I must be causally related.

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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 *J. P. Kelly* .....  
Licensed Embalmer No. *4897* .....  
P. O. Address *Columbus, Mo.* .....

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.