

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

58-033918
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Dodge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre</u>		Length of stay in 1b	d. STREET ADDRESS <u>803 South Main</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Mr. Harry Louis Welland</u> First Middle Last			4. DATE OF DEATH <u>Oct 6, 1958</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 24 - 1897</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u> Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer for DeSoto's & Plymouth</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Motor</u>	11. BIRTHPLACE (City and state or country) <u>Silver Lake, Mo Perry Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13. FATHER'S NAME <u>Mr. Herman Welland</u>			14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth McClaim Welland</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>First World War</u>	16. SOCIAL SECURITY NO. <u>497-05-2560</u>	17. INFORMANT <u>Mrs Harry Welland - 803 South M. Dodge, Mo</u> Address
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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>Acute dilatation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterio sclerotic heart disease</u>	<u>Unknown</u>
	DUE TO (c) <u>4500F</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Fracture of hip - 2 weeks</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>		

20d. INJURY OCCURRED WHILE AT <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>Dodge, Mo</u>	COUNTY	STATE
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21. I attended the deceased from 1957 to Oct 6, 1958 and last saw ^{her} ~~him~~ alive on Oct 6, 1958
Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L. L. Foster</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>Dodge, Mo</u>	22c. DATE SIGNED <u>10-8-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>October 9-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Route no. 1 Bonne Terre Mo</u>
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24. FUNERAL DIRECTOR <u>Alvin W. Hunt Flat River Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Oct. 11, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
1-56
All
No symptoms will be listed. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Coroner cannot certify to a death due to natural causes.
diseases in Part I must be casually related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Alvin W. Hood*.....

Licensed Embalmer No. *278*
303 Crane St.
P. O. Address *Blak River*.....

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