

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010179
STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hosp		d. STREET ADDRESS (If outside, give location) 919 Pleasant St	
Length of stay in 1b 3 wks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Henry Last Welch			4. DATE OF DEATH Month 4 Day 5 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 9, 1880		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman		10b. KIND OF BUSINESS OR INDUSTRY Rubber Plant		11. BIRTHPLACE (City and state or country) Moberly, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME James M. Welch			13b. MOTHER'S MAIDEN NAME Sophia White			14. NAME OF HUSBAND OR WIFE Leona 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.		17. INFORMANT Leona Welch		Address Hannibal, Mo.	
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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) Coronary heart disease			INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease			
DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 8:15 Month 4 Day 5 Year 1959 a.m. p.m.			

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 Hannibal		COUNTY Mo.		STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on 4/5/59 Death occurred at 8:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE J. H. Waters Chief M.D. (Degree or title)			22b. ADDRESS 508 Broadway, Hannibal, Mo.			22c. DATE SIGNED 4-6-59		
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-8-1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
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24. FUNERAL DIRECTOR Clark Funeral Home-Hannibal, Mo.			ADDRESS 4-6-59			25. DATE RECD. BY LOCAL REG.			26. REGISTRAR'S SIGNATURE J. R. E. M. Lucke By Registrar		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *[Handwritten Signature]* Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.