

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016639
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1157

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Wheatley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jellico Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		Length of stay in 1b 8 1/2	d. STREET ADDRESS (If outside, give location) 8 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Catherine Welch Herr			4. DATE OF DEATH Month Day Year May 28, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 14, 1865		9. AGE (In years last birthday) 94 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) London, England		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Welch	13b. MOTHER'S MAIDEN NAME Catherine Lions	14. NAME OF HUSBAND OR WIFE None
---	---	--

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. Unknown	17. INFORMANT Oscar Herr Address Mineola, Missouri
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardite with cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerosis + infarction of age 10 yrs	
	DUE TO (c) 4221F	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture 1st + 2nd rib, compression fracture 2 + 8 dorsal		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.) Fell at home while walking in yard	
20c. TIME OF INJURY Hour Month, Day, Year 5-14-59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Montgomery Co	COUNTY Mo	STATE
21. I attended the deceased from May 14, 1959 to May 29, 1959 and last saw her alive on May 29, 1959 Death occurred at 6:38 P m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) G. P. Kallbach, M.D.		22b. ADDRESS Mexico, Mo	22c. DATE SIGNED May 29, 1959	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Harrisville Cemetery	23d. LOCATION (City, town, or county) Marrisville, Michigan
--	----------------------------------	---	---

24. FUNERAL DIRECTOR Schlanker Funeral Home ADDRESS Montgomery City Missouri	25. DATE RECD. BY LOCAL REG. MAY 29-1959	26. REGISTRAR'S SIGNATURE Blanche Neely
---	--	---

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
g. p. KALLBACH, M.D.
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 *E. Boone Schlan*

Licensed Embalmer No. *4136*
P. O. Address *Montgomery*

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.