

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022467

FILED JUL 10 1959

Registration District No. _____ Primary Registration District No. 290 Registrar's No. 82

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Kingfisher				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		Length of stay in 1b		c. CITY OR TOWN Kingfisher		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 S Army Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 419 S. 7th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Eber Middle Sloan Last Welch				4. DATE OF DEATH Month June Day 27 Year 1959				
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar 28, 1912	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier			10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and state or country) Kingfisher, Oklahoma		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Deceased			13b. MOTHER'S MAIDEN NAME Fannie Foster			14. NAME OF HUSBAND OR WIFE Winnie L Welch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 20 yrs 3 Mons			16. SOCIAL SECURITY NO. 445-05-4433		17. INFORMANT Winnie L Welch Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Respiratory Insufficiency							6 Days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia (Klebsiella)								
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____		Month, Day, Year _____						
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		COUNTY		STATE
21. I attended the deceased from June 21, 1959 to June 27, 1959 and last saw him alive on June 27, 1959 Death occurred at 5:09 A on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>H. Baruch</i> H. Baruch, MD (Degree or title)			22b. ADDRESS U S Army Hospital Ft Leonard Wood, Missouri			22c. DATE SIGNED 6/27/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 29 1959	23c. NAME OF CEMETERY OR CREMATORY Kingfisher Cemetery		23d. LOCATION (City, town, or county) (State) Kingfisher Oklahoma				
24. FUNERAL DIRECTOR <i>Hedges</i> HEDGES FUNERAL HOMES INC ADDRESS			25. DATE RECD. BY LOCAL REG. 6-29-59		26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8901 3 X 707

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Clarence Thomas

Licensed Embalmer No. 4896

P. O. Address Waymire

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.