

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-023845**

FILED JUL 15 1959

STATE FILE NUMBER

Registration District No. 40 Primary Registration District No. 6152 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter (Liberty Twp.)</u>	Length of stay in 1b <u>2 months</u>	c. CITY OR TOWN <u>Cape Girardeau</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>Nursing Green Meadows Home</u>		d. STREET ADDRESS (If outside, give location) <u>601 North Street</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LOUISE</u> Middle <u>G.</u> Last <u>WELCH</u>			4. DATE OF DEATH Month <u>July</u> Day <u>4</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/19/1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		
13a. FATHER'S NAME <u>Robert Giboney</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>A. R. Welch</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>No</u>	17. INFORMANT <u>Mrs. Robert Lindsay</u>	Address <u>Cape Gir., Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>unknown</u> <u>unknown</u>
IMMEDIATE CAUSE (a)	<u>Acute Myocardial Failure</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)	<u>Luetic Aortitis</u>	
DUE TO (c)	<u>Syphillis</u>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	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>Dexter, Mo.</u>		COUNTY <u></u> STATE <u></u>

21. I attended the deceased from June 1, 1959 to July 4, 1959 and last saw her alive on June 28, 1959  
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. J. Johnson</u> (Degree or title) <u>D.D.</u>	22b. ADDRESS <u>Dexter, Mo.</u>	22c. DATE SIGNED <u>7/10/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
23d. LOCATION (City, town, or county) <u>Cape Girardeau, Missouri</u>		

24. FUNERAL DIRECTOR <u>Walther's Funeral Home</u>	ADDRESS <u>Cape Gir., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Velma V. Fenwick</u>
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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

5961 9 11 1955

**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 Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.