

# R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037483

STATE FILE NUMBER

NOV 3 1960 37 Primary Registration District No. 4049 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Centralia</b>		c. CITY OR TOWN <b>Hallsville</b>	
Length of stay in 1b <b>10 mos</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Campbell House</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Francis</b> Middle <b>W</b> Last <b>Welch</b>			4. DATE OF DEATH Month <b>October</b> Day <b>22</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/1/1888</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months <b>2</b> Days <b>21</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Hiram W. Welch</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Hill</b>		
14. NAME OF HUSBAND OR WIFE <b>Fannie Welch</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				
16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT Address <b>Mrs. Fannie Welch, Hallsville, Mo</b>				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiovascular renal disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>15 yrs</b>
DUE TO (b) <b>arteriosclerosis</b>		
DUE TO (c) <b>age</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>premia secondary to glaucoma</b>		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 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 <b></b> Month, Day, Year <b></b>			

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.)	20f. CITY, TOWN, OR LOCATION <b>11-24-57</b> to <b>10-22-60</b> and last saw <b>her</b> alive on <b>4-2-60</b>	COUNTY <b>S.W. of Hallsville, Mo.</b>	STATE
21. I attended the deceased from <b>11-24-57</b> to <b>10-22-60</b> and last saw <b>her</b> alive on <b>4-2-60</b> . Death occurred at <b></b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>M. D. Meador</b>		22b. ADDRESS <b>Meador</b>		22c. DATE SIGNED <b>10-24-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 24, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Friendship</b>	23d. LOCATION (City, town, or county) (State) <b>S.W. of Hallsville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Burr S. Meador</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 25-1960</b>		26. REGISTRAR'S SIGNATURE <b>Meador M<sup>c</sup> Bride</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

NOV 2 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address Cortez, N.M.

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