

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8015**

FILED APR 14 1949

37
9

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>4190</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAND</u>		c. LENGTH OF STAY (In this place) <u>1</u> yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAND</u>		37	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. ✓				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Welch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH: <u>Feb-13-1871</u>	
9. AGE (In years last birthday) <u>78</u>		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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Marion Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Rachelie Southard</u>		14. NAME OF HUSBAND OR WIFE (wed) <u>Sarah Welch (Kiecklifer)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> ✓		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion Welch Bell-mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Retention of urine</u></p> <p>DUE TO (c) <u>Cystitis</u></p>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>3-15-1949</u> , to <u>4-2-1949</u> , that I last saw the deceased alive on <u>4-2-1949</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. A. Burgess</u> (Degree or title)				23b. ADDRESS <u>Blond 4-5-49</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>April 4-49</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>Highgate Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County - MO</u>	
DATE REC'D BY LOCAL REG <u>April 5 1949</u>		REGISTRAR'S SIGNATURE <u>Harold A. Beckman</u>		363 FUMERAL DIRECTOR'S SIGNATURE ADDRESS <u>SASSMAN'S FUNERAL SERVICE</u>			

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 12 1949

APR 14 1949

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.

Signed Chester Sasser.....

Student Embalmer

Licensed Embalmer No. 4128.....

P. O. Address Bland.....

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 this body is not embalmed, fact should be so stated above.