No. 300
10-48

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31543

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 326

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cantwell, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cantwell, Mo. 94
d. STREET ADDRESS (If rural, give location) none 700

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Floyd b. (Middle) Herman c. (Last) Welland.

4. DATE OF DEATH (Month) (Day) (Year) Aug - 28 - 1949

5. SEX Male
6. COLOR OR RACE White-Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 18-1905
9. AGE (In years last birthday) 44-1-10 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) Beer distributor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Flat River, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Herman Welland
13b. MOTHER'S MAIDEN NAME Miss Mary McClain
14. NAME OF HUSBAND OR WIFE Bertha May Welland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha May Welland, Cantwell, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Alcoholism
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1948, *to* Aug. 28, 1949, *that I last saw the deceased alive on* Aug. 28, 1949, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Theodore Paul D.O.
23b. ADDRESS Flat River, Mo.
23c. DATE SIGNED 9/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-31-1949
24c. NAME OF CEMETERY OR CREMATORY Park View
24d. LOCATION (City, town, or county) Farmington (State) Mo.

DATE REC'D BY LOCAL REG. Sept. 6, 1949
REGISTRAR'S SIGNATURE Esther Rudloff 249
25. FUNERAL DIRECTOR'S SIGNATURE Alvin W. Hood - 303 Crane ADDRESS Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 1950

RECEIVED 9-12-49

District Health Officer No. 4

Date of File Number 949-120

Date Filed

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 Alvin W. Hood

Signed .....
Student Embalmer

Licensed Embalmer No. 2280

P. O. Address 303 Cram St. Flat River

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.