S. No. 300
v. 10.48

25

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

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36680

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
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): 407 W. 6th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton 25
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
d. STREET ADDRESS (If rural, give location): 407 W. 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Lena
c. (Last): Welsh

4. DATE OF DEATH (Month) (Day) (Year): 11-18-1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 12-1873
9. AGE (In years last birthday): 76
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Olathe Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nathaniel Mills
13b. MOTHER'S MAIDEN NAME: Emiley Greene
14. NAME OF HUSBAND OR WIFE: Albert C. Welsh Cameron Mo

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: Albert C. Welsh
ADDRESS: Cameron Mo

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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: A. D. Templeman (Degree or title): Coroner, Clinton County
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 11-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-20-49
24c. NAME OF CEMETERY OR CREMATORY: Lathrop Cemetery
24d. LOCATION (City, town, or county) (State): Lathrop, Mo.

DATE REC'D BY LOCAL REG.: 11-19-49
REGISTRAR'S SIGNATURE: Winifred W. Moser
570
25. FUNERAL DIRECTOR'S SIGNATURE: Moss Crunk
ADDRESS: Cameron, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 22 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Laurence J. Thompson

Signed .....
Student Embalmer

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo

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.