S. No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 19 1950

24293

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Pike County Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana, 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) Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarksville 0820
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Wm.
b. (Middle) Isem
c. (Last) Welch

4. DATE OF DEATH (Month) (Day) (Year) 6 - 19 - 50

5. SEX Male 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2
8. DATE OF BIRTH Aug-10-1875
9. AGE (In years last birthday) 75 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Welch
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE

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. No
17. INFORMANT'S SIGNATURE OR NAME Robert Welch ADDRESS Eolia 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) Third Degree Burns Head & Hands — INTERVAL BETWEEN ONSET AND DEATH 60 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ E9160

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE 16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION NONE 082
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME
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* 6-17, 1950, *to* 6-19, 1950, *that I last saw the deceased alive on* 6-19, 1950 *and that death occurred at* 1:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J R Johnson Jr (Degree or title) MD
23b. ADDRESS Louisiana, Mo
23c. DATE SIGNED 6-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 21-1950
24c. NAME OF CEMETERY OR CREMATORY Eolia Cemetery
24d. LOCATION (City, town, or county) Eolia Mo (State)

DATE REC'D BY LOCAL REG. June 20, 1950
REGISTRAR'S SIGNATURE Berniece Collier 374
25. FUNERAL DIRECTOR'S SIGNATURE McCue Funeral Service ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 6 1950
District Health Officer No. 10
District File Number 2-50-1115
Date Filed JUL 14 1950

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 Norman E. Gooch,

Signed _____
Student Embalmer

Licensed Embalmer No. 2342

P. O. Address Eolia 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.