

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17486

No. 300
10.48

746

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 58376 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY NODAWAY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hopkins - RURAL Hopkins Twp		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Hopkins Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0740	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) Belle c. (Last) Welch		4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1951	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 24 - 1876	
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Pattonsburg - Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Charles Ritter		13b. MOTHER'S MAIDEN NAME Elizabeth Walter	
14. NAME OF HUSBAND OR WIFE John Welch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME John Welch - Hopkins, 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) Carcinoma rt. upper lobe of lung 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/1 1951 , to 5/14 1951 , that I last saw the deceased alive on 5/10 1951 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. W. Kirk M.D.		23b. ADDRESS Hopkins Mo	
23c. DATE SIGNED 5/15/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 16 1951	
24c. NAME OF CEMETERY OR CREMATORY Hopkins Cemetery		24d. LOCATION (City, town, or county) (State) Hopkins Mo	
DATE REC'D BY LOCAL REG. 5-18-51		REGISTRAR'S SIGNATURE Beas Holt	
25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson		ADDRESS Hopkins Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1951



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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Staley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.