

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26500**

FILED SEP 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4157 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Daviess</u> <u>0310</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u> c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg, Mo.</u> <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>--</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>ARMSTRONG</u>	c. (Last) <u>WELDEN</u>	4. DATE OF DEATH	(Month) <u>8</u>	(Day) <u>26</u>	(Year) <u>1951</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>March 12, 1912</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR	IF UNDER 4 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Gallatin, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Edwin H. Welden</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Louise Armstrong</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Soleta Welden</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>World War #2</u>	16. SOCIAL SECURITY NO. <u>316-09-9113</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Soleta Welden</u>	ADDRESS <u>Pattonsburg Mo.</u>
--	--	---	--------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/>
	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 _____	20. AUTOPSY? <u>002X</u> YES <input type="checkbox"/> NO <input 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) _____	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 Aug 5, 1951 to Aug 6, 1951 that I last saw the deceased alive on Aug 6, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

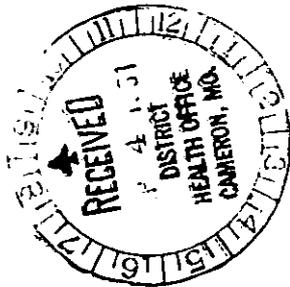
23a. SIGNATURE <u>[Signature]</u>	(Degree of title) _____	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>8/28/51</u>
-----------------------------------	-------------------------	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffey, Missouri</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>31 Aug 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Pattonsburg, Mo.</u>
---	--	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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



OCT 18 1951

SEP 13 - 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Francis Duert* .....

Licensed Embalmer No. *4096* .....

P. O. Address *Patterson, 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.