

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30464

State File No. _____

4032

Registrar's No. _____

FILED OCT 13 1951

BIRTH NO. 53569-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city</u>		c. LENGTH OF STAY (in this place) <u>37 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city "Rural"</u>		d. STREET ADDRESS (If rural, give location) <u>627 W 87th Terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital 297th</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nicki</u> b. (Middle) <u>Jo</u> c. (Last) <u>Welch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 20 51</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>8-13-51</u>		9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HRS. Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Lloyd R Welch</u>			13b. MOTHER'S MAIDEN NAME <u>Helen M Stingley</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Welch 627 W 87th Terr. KC 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital atelectasis</u> DUE TO (c) <u>Prematurity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Exhaustion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 - 5</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT <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 <u>8-13-</u> , 1951, to <u>9-20-</u> , 1951, that I last saw the deceased alive on <u>9-20-</u> , 1951, and that death occurred at <u>8:03 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Watt</u> (Degree or title)				23b. ADDRESS <u>D.O.H. 3314 E. 43rd St. K.C. Mo</u>		23c. DATE SIGNED <u>9-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Ovenland Park, Kans.</u>	
DATE REC'D BY LOCAL REG. <u>9-21-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur W Hoge Ovenland Park, Kansas</u>			

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, only

working under my personal supervision.

Student Embalmer No.

Signed

Harold G. Beltrami

Signed.....
Student Embalmer

Licensed Embalmer No. 3035

P. O. Address St. C. Lane

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.