No. 300
10-48

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

FILED OCT 10 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31158

BIRTH NO. 63261-51 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3051 Registrar's No. 236

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville
d. STREET ADDRESS (If rural, give location): /

**3. NAME OF DECEASED** (Type or Print)
a. (First): Delmar
b. (Middle): Lee
c. (Last): Welch Jr.

**4. DATE OF DEATH** (Month): Sept (Day): 30 (Year): 1951

**5. SEX**: male

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): single

**8. DATE OF BIRTH**: Sept. 29, 1951

**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 d 1 IF UNDER 24 HRS. Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): none

**10b. KIND OF BUSINESS OR INDUSTRY**: none

**11. BIRTHPLACE** (State or foreign country): Moberly, Missouri

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Delmar Welch

**13b. MOTHER'S MAIDEN NAME**: Helen Elliott

**14. NAME OF HUSBAND OR WIFE**: none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): none

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. Delmar Welch; Huntsville, 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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 25 Hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) D.K.
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**

776X

**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* Sept 29, 1951, *to* Sept 30, 1951, *that I last saw the deceased alive on* Sept 30, 1951, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): P. V. Dyeyer MD

**23b. ADDRESS**: Huntsville Mo

**23c. DATE SIGNED**: 9/30/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**24b. DATE**: 10-1-1951

**24c. NAME OF CEMETERY OR CREMATORY**: Huntsville Cemetery

**24d. LOCATION** (City, town, or county) (State): Huntsville, Missouri

**DATE REC'D BY LOCAL REG.**: 9-30-51

**REGISTRAR'S SIGNATURE**: 2690 Leah Williams Lowe

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: T.B. Patton & Sons Huntsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: OCT 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1790
Date Filed: OCT 9 1951

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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.....

Not Embalmed.

Licensed Embalmer No.....

P. O. Address.....

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.