

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 2 1952

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 594-7 Registrar's No. 0

1. PLACE OF DEATH a. COUNTY <u>PIKE 0820</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>PIKE 0820</u>	
b. CITY OR TOWN <u>EOLIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EOLIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rena</u> b. (Middle) <u>Mildred</u> c. (Last) <u>Welch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23-1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUGUST 27-1895</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Wm. Douglas Atkins</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>W. W. Welch</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. W. Welch, Eolia, Mo.</u>		ADDRESS	
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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>Internal Injuries with hemorrhages</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
		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. <u>E9281</u> <u>22</u>					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eolia 082 Pike Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 23-1952 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed by riding horse falling on her while riding</u>

22. I hereby certify that I attended the deceased from _____, 19____, to 5-23, 1952 that I last saw the deceased alive on 5-23, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H. Hooper M.D.</u>	23b. ADDRESS <u>Clarkville, Mo.</u>	23c. DATE SIGNED <u>5-28-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 25-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eolia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Eolia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May-29-52</u>	REGISTRAR'S SIGNATURE <u>Sude Richard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Mchue</u>	ADDRESS <u>Eolia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Aug 26 1957

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, on

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

George O. Wagner

Licensed Embalmer No. 3772

P. O. Address Louisiana

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.