

S. No. 300
v. 10. 48

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6635

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 30

05120

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg | |
| c. LENGTH OF STAY (in this place) 2 Yrs. | | d. STREET ADDRESS (If rural, give location) 408 N. Main | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center | | | |

| | | | | |
|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Edna Coffman Welhoff | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1953 |
|--|------------|-------------|-----------|---|

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|---------------|------------------------|--|-------------------------------|------------------------------------|--|--|---|---------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May. 15 1878 | 9. AGE (In years last birthday) 74 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Johnson Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
|---------------|------------------------|--|-------------------------------|------------------------------------|--|--|---|---------------------------------------|

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| 13a. FATHER'S NAME J. D. Coffman | 13b. MOTHER'S MAIDEN NAME Susan J. Sivils | 14. NAME OF HUSBAND OR WIFE J. E. Welhoff |
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|--|----------------------------|--|-------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Ed Welhoff | ADDRESS Warrensburg Mo. |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 6 months |
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| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia, Aplastic | DUE TO (b) |
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| | |
|-------------------|------------|
| ANTECEDENT CAUSES | DUE TO (c) |
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| II. OTHER SIGNIFICANT CONDITIONS | 2924 |
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|------------------------|----------------------------------|--|
| 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) |
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| | | |
|---|--|----------------------------|
| 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 2-2, 1953, to 2-6, 1953, that I last saw the deceased alive on 2-6, 1953, and that death occurred at 4 A.M., from the causes and on the date stated above.

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|---|------------------------------|-------------------------|
| 23a. SIGNATURE P. Lee Cooper (Degree or title) M.D. | 23b. ADDRESS Warrensburg Mo. | 23c. DATE SIGNED 2-7-53 |
|---|------------------------------|-------------------------|

| | | | |
|--|------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-8-53 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill | 24d. LOCATION (City, town, or county) (State) Warrensburg Mo. |
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|---------------------------------------|--------------------------------|---|-------------------------|
| DATE REC'D BY LOCAL REG. Feb. 7, 1953 | REGISTRAR'S SIGNATURE Savannah | 25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips | ADDRESS Warrensburg Mo. |
|---------------------------------------|--------------------------------|---|-------------------------|

RECEIVED
FEB 9 1953
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Earl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warsburg, 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.