

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17167**
REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **627**

FILED JUN 8 1953

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

1. PLACE OF DEATH a. COUNTY Buchanan 0117,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan, 117	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2503 Walnut Street		d. STREET ADDRESS (If rural, give location) 2503 Walnut Street	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) Eva c. (Last) Welch			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1953.		
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH September 10, 1898		9. AGE (In years last birthday) 54		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Rayville, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Franklin Narramore		13b. MOTHER'S MAIDEN NAME Marybelle Hale	
14. NAME OF HUSBAND OR WIFE Milo Ray Welch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Milo Ray Welch		ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH few minutes	
		DUE TO (b) Hypertension					
		DUE TO (c) Arthritis, osteo-					
		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 none				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? by Dr. C. Biggins.	

22. I hereby certify that I attended the deceased from **May 21, 1953** to **May 29, 1953**, and that death occurred at **6:45A** m., from the causes and on the date stated above.

23a. SIGNATURE Ed Grant M.D.		(Degree or title)		23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 6-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
DATE REC'D BY LOCAL REG. June 5, 1953		REGISTRAR'S SIGNATURE Kathleen M. Allison		485		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer Fleeman, Inc. ADDRESS St. Joseph, Mo.	

VS FEB 10 1960

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 _____

Z****

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

working under my personal supervision.

Student ***
Student Embalmer

*** Signed *Albert C. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.