

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9421

State File No.

FILED APR 6 1954

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY Marion County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Mo.		c. LENGTH OF STAY (If in place) Month		c. CITY OR TOWN Shelbina, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				• STREET ADDRESS (If rural, give location) X 1020			
3. NAME OF DECEASED (Type or Print) a. (First) GUY b. (Middle) LONDON c. (Last) WELKER			4. DATE OF DEATH (Month) (Day) (Year) 3-24-1954				
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-12-1898		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 8 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Pool Hall		11. BIRTHPLACE (City and State or Foreign Country) Shelbina, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Enoch Welker			13b. MOTHER'S MAIDEN NAME Martha Adline		14. NAME OF HUSBAND OR WIFE Nell Welker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.#1 486-38-6143		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nell Welker, Shelbina, 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) Cirrhosis of liver. 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. 5810					INTERVAL BETWEEN ONSET AND DEATH 9 mo.
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 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 <u>6-19-53</u> 9:40A. , to <u>3-24-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-24-54</u> , 19 <u>54</u> , and that death occurred at <u>9:40A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.				23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 3-26-54	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial		24b. DATE 3-27-1954	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.		24d. LOCATION (City, town, or county) (State) Shelbina, Mo.		
DATE REC'D BY LOCAL REG. 3-30-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Shelbina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 5 1958
MARION CO. HEALTH DEPT.
DATE FILED APR 5 1958

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.....
Signature of Student Embalmer

Signed *Elton Hawkins*.....

Licensed Embalmer No. *349*.....

P. O. Address *Shelby*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.