

No. 300
10. 48
40

FILED APR 5 1954 STANDARD CERTIFICATE OF DEATH

9846

State File No.

BIRTH NO. 124 91587.53 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside incorporated limits, write RURAL and give location) <u>New St. Francis</u>		c. CITY OR TOWN <u>Belgrade</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In whole days) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>1100 Hosp.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u>		b. (Middle) <u>Dale</u>		c. (Last) <u>Welker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1954</u>	
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Dec 19 1953</u>		9. AGE (In years last birthday) <u>3</u> # UNDER 1 YEAR <u>3</u> Days <u>5</u> # UNDER 24 HRS. <u>5</u> Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francis Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Dale Welker</u>		13b. MOTHER'S MAIDEN NAME <u>Claudette Buckley</u>		14. NAME OF HUSBAND OR WIFE	
---------------------------------------	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dale Welker</u> ADDRESS <u>Belgrade Mo.</u>	
--	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MARASMUS</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>MARASMUS</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>BRONCHIAL PNEUMONIA</u>	
				DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS		491 X	
		Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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 3-23-54, 1954, to 3-24, 1954, that I last saw the deceased alive on 3-24, 1954, and that death occurred at 5:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Howell, D.O.</u>		23b. ADDRESS <u>Trout River, Mo.</u>		23c. DATE SIGNED <u>3-26-54</u>	
--	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marklers Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co Mo</u>	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Mar 26 1954</u>		REGISTRAR'S SIGNATURE <u>Gatherer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spahn</u> ADDRESS <u>Pateer Mo.</u>	
---	--	---------------------------------------	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Murphy L Sparks*.....

Licensed Embalmer No. *423*

P. O. Address *Flat River*.....

**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.**