

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12491**

0.300
0.48

BIRTH NO. **FILED APR 26 1954** REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **40**

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 Rural: Centerview	
c. LENGTH OF STAY (If this place) Life		0 510	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center		d. STREET ADDRESS (If rural, give location) RFD 2 Centerview	

3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) Edward c. (Last) Welborn			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 15, 1894		9. AGE (In years last birthday) 60		# UNDER 1 YEAR Days # UNDER 1 Mth. Mth.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Sam D. Welborn		13b. MOTHER'S MAIDEN NAME Elizabeth Biggs		14. NAME OF HUSBAND OR WIFE Mary E. Welborn	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-20-1324		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E.E. Welborn, Centerview, 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
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction			② 10 Days
		ANTECEDENT CAUSES			
		*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.			
		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/54		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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?	
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22. I hereby certify that I attended the deceased from **2-23**, 19**53**, to **4-7**, 19**54**, that I last saw the deceased alive on **4-7**, 19**54**, and that death occurred at **3:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Welborn, M.D. (Degree or title)		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 4/9/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Centerview	
				24d. LOCATION (City, town, or county) (State) Centerview, Missouri	

DATE REC'D BY LOCAL REG. April 11, 1954		REGISTRAR'S SIGNATURE Savannah Phillips		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 19 1954
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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. D. Phillips

Licensed Embalmer No.

5320

P. O. Address

Warrensburg, 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.