

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17642

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. CITY OR TOWN <u>Essex</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Davis Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Saleda</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Welch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1954</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 18, 1879</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John F. Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Skaggs</u>	14. NAME OF HUSBAND OR WIFE <u>Jack Welch</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>X X X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Welch</u>	ADDRESS <u>Essex, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Calities</u> DUE TO (c) <u>Partial Paralysis due to cerebral hemorrhage</u>		
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 <u>331 X</u>	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 June 2, 1954, to June 10, 1954 that I last saw the deceased alive on June 10, 1954 and that death occurred at 5:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S.S. J. Davis M.D.</u>	23b. ADDRESS <u>Dexter, Mo.</u>	23c. DATE SIGNED <u>6-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Essex cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Essex, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-11-54</u>	REGISTRAR'S SIGNATURE <u>Valma V. Jankins</u>	409	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u>	ADDRESS <u>Dexter, Mo.</u>
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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 *Walter Mark Withers*.....

Licensed Embalmer No. *4717*.....

P. O. Address *Dexter*.....

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.