

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17719

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Rural Washington Camp</u>		c. LENGTH OF STAY (in this place) <u>5 mo</u>		c. CITY OR TOWN <u>Kansas City</u>		d. 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 <u>State Hospital # 3</u>				e. STREET ADDRESS (If rural, give location) <u>3300 Oak Street 30251</u>					
3. NAME OF DECEASED a. (First) <u>Myrtle</u>			b. (Middle) <u>—</u>		c. (Last) <u>Welch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Mar. 17 - 1879</u>		9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months _____	11. OVER 1 YEAR Days _____		
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>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Archibald M. O'Conor</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital - Nevada Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			<u>Unknown</u>		
				ANTECEDENT CAUSES			DUE TO (b) <u>Arterio Sclerosis</u>		
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <u>Syphilis</u>		
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		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)		<u>029 X</u>			
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 <u>5/24</u> , 19 <u>54</u> , to <u>5/24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5/24</u> , 19 <u>54</u> , and that death occurred at <u>8:10 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George M. Bateman, M.D.</u>				23b. ADDRESS <u>State Hospital # 3 Nevada Mo</u>		23c. DATE SIGNED <u>5/24/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>5-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gallatin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo</u>				
DATE REC'D BY LOCAL REG. <u>6-3-54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Gallatin 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 *Serey F. Milstew*.....  
Licensed Embalmer No. *480*  
P. O. Address *Nevada*

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.