

FILED JUL 11 1958

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19379

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5696</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Georgetown</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Georgetown</u>			
b. CITY OR TOWN <u>Jackson Twp #4</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY OR TOWN <u>Chillicothe P. A.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural 18 N.W. Chillicothe Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>0598</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>ANGELINE</u> c. (Last) <u>WELDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1955</u>				
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 31-1870</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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		11. BIRTHPLACE (City and State or Foreign Country) <u>New Douglas Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James E. Keown</u>			13b. MOTHER'S MAIDEN NAME <u>Celia Peterman</u>		14. NAME OF HUSBAND OR WIFE <u>George Welden, Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Iris Greider, Chillicothe Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shag pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> <u>490X</u> DUE TO (c) <u>arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan 10, 1955</u> , to <u>June 30, 1955</u> , that I last saw the deceased alive on <u>Jan 29, 1955</u> , and that death occurred at <u>8 A. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J. S. Bailey</u> (Degree or title)				23b. ADDRESS <u>W. 2nd Street, Georgetown Mo.</u>		23c. DATE SIGNED <u>7-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemeter.</u>		24d. LOCATION (City, town, or county) (State) <u>Georgetown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-1-55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. L. Robinson, Georgetown</u>			

(Licensed Embalmer's Statement on Reversed Side)

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

No. 300  
10.48-90  
1

210

---

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 *A. L. Roberson*.....

Licensed Embalmer No. *324*.....

P. O. Address *James*.....

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.