

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5525 Registrar's No. 13

0430

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hickory (Montgomery Twp.)</u>		c. CITY OR TOWN <u>Montgomery Township</u>	
c. LENGTH OF STAY (in this place) <u>11 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi S. of Butcher</u>		e. STREET ADDRESS (If rural, give location) <u>1 1/2 mile S. Butcher</u> <u>0430</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>INA</u> b. (Middle) <u>Olive</u> c. (Last) <u>Welch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26-1955</u>
---	---

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>JAN. 16 1891</u>	9. AGE (In years) (If under 1 year last birthday) Months Days <u>64</u> <u>6</u> <u>10</u>	IF UNDER 1 YEAR Hours Mins. <u>10</u>
-------------------------	----------------------------------	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chanute Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>Frank Kelley</u>	13b. MOTHER'S MAIDEN NAME <u>Christina Clements</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Welch</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Welch - Neaubeau, Mo</u>	ADDRESS <u>4201</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> 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	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 Nov. 1941, to July 26 1955; that I last saw the deceased alive on July 1 1955, and that death occurred at 3:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>A. E. Briggs, D.O.</u>	23b. ADDRESS <u>Wheatland, Mo.</u>	23c. DATE SIGNED <u>7-29-55</u>
---	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 29 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-29-1955</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u>	464	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna Neaubeau - Wheatland, Mo.</u>	ADDRESS
--	---	-----	---	---------

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 *Chas. Gilbert Hathaway*.....

Licensed Embalmer No. *4767*.....

P. O. Address *Waltham, Mass.*.....

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.