

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41672

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 390		PRIMARY REG. DIST. NO. 4442		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Higbee Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higbee Mo		d. STREET ADDRESS (If rural, give location) 0 5 2 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Daniel		c. (Last) Welch		4. DATE OF DEATH (Month) (Day) (Year) Dec 13 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept 22 1878		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sturgeon Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Welch			13b. MOTHER'S MAIDEN NAME Laura Jamison		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. H. Jenner. St Louis Mo				
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes, undetermined ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 7955						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 <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:05 1/2 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Joseph A. Kelly, M.D., Coroner, Moberly Mo			23b. ADDRESS			23c. DATE SIGNED 12-14-55		
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 15 1955	24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Higbee Mo			
DATE REC'D BY LOCAL REG Dec 14 1955		REGISTRAR'S SIGNATURE Joe W. Burton		452		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home Higbee Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

E. H. Siernowich

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.