

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FILED JAN 16 1956
10.48

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5242 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Bee Branch Twp. - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Keftesville</u>	
c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bynumville, Missouri</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Welch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/10/56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12/5/1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>	IF UNDER 24 HRS. Hours _____ Min. _____

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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton - Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Graves</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bills</u>	14. NAME OF HUSBAND OR WIFE <u>William Welch</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Welch</u>	ADDRESS <u>Keftesville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vertically Intubation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Occlusion</u> DUE TO (c) <u>Septicemic Cardis. embolus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Jan 8, 1956, to Jan 10, 1956, that I last saw the deceased alive on Jan 10, 1956; and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. W. Johnson M.D.</u>	23b. ADDRESS <u>211 E. Main Street, Keftesville, Mo.</u>	23c. DATE SIGNED <u>1-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/12/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Welch</u>	24d. LOCATION (City, town, or county) (State) <u>Muscelfork, Chariton</u>
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DATE REC'D BY LOCAL REG. <u>1/14/56</u>	REGISTRAR'S SIGNATURE <u>H. W. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>	ADDRESS <u>Marceline, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

70-11

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

George S. Trammell

Licensed Embalmer No. *4425*

P. O. Address *Marion, Mo*

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