

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1956

State File No. **21327**

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

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 5836		Registrar's No. 58		
I. PLACE OF DEATH a. COUNTY NEWTON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Neosho Twp. c. LENGTH OF STAY (In this place) 5 Wp. d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 mi. NE on Highway 471560				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY WAGONER c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coweta d. STREET ADDRESS (If rural, give location) 3359				
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) _____ c. (Last) Welsh			4. DATE OF DEATH (Month) (Day) (Year) JUNE 5, 1956		5. SEX F M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH JAN. 4, 1874		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		
10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Clark County, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Geo. Kildow		
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Charles H. Welsh.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		
17. INFORMANT'S SIGNATURE OR NAME JAMES LITZER - Dudley, Mo.		17. ADDRESS _____		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL INJURIES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
18. INTERVAL BETWEEN ONSET AND DEATH Instant		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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Newton Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-5-56 10:45 a.m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Orley Thompson, Jr. - Neosho, Mo.			23b. ADDRESS _____			23c. DATE SIGNED 6/6/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JUNE 6, 1956		24c. NAME OF CEMETERY OR CREMATORY VERNON CEMETERY		24d. LOCATION (City, town, or county) (State) Coweta, OKLA.		
DATE REC'D BY LOCAL REG. 6-6-56		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orley Thompson, Jr. - Neosho, Mo.				

RECEIVED

District Health Officer No. *Newton*

District File Number *656-99*

Date Filed JUN 12 1956

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 _____

Robert Thompson Jr

Licensed Embalmer No. *4861*

P. O. Address *Newton, 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.