

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25158

FILED AUG 15 1957

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Joachim		c. CITY OR TOWN Rural-Joachim	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn. View Conv. H.		d. STREET ADDRESS (If outside, give location) Rt. 1, Festus	
Length of stay in 1b 27 Mos.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Thomas Barthlo. Welch			4. DATE OF DEATH July 29, 1957		
5. SEX M			6. COLOR OR RACE W		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			8. DATE OF BIRTH Feb. 9, 1880		
9. AGE (In years last birthday) 77			IF UNDER 1 YEAR: Months 7 Days 29 Hours 0 Min. 0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Steward		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) Vineland, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas A. Welch				14. MOTHER'S MAIDEN NAME Elizabeth Blackwell			

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.		17. INFORMANT Geo. V. Welch		Address DeSoto, Mo.	
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____							
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
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21. I attended the deceased from 11-2-55 to 7-29-57 and last saw ^{over} him alive on 7-29-57 Death occurred at 11:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
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22a. SIGNATURE A. D. D. [unclear] M.D. (Degree or title)			22b. ADDRESS Crystal City, Mo.			22c. DATE SIGNED 7-30-57		
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23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 7/31/57		23c. NAME OF CEMETERY OR CREMATORY Woodlawn		23d. LOCATION (City, town, or county) DeSoto, Mo.		(State)	
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24. FUNERAL DIRECTOR J. Lee Mothershead ADDRESS DeSoto, Mo.			25. DATE RECD. BY LOCAL REG. 7-30-57		26. REGISTRAR'S SIGNATURE [Signature]				
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(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
WILSONBORO, MISSOURI

DATE RECEIVED

AUG 8 1957

AUG 11 1957

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 *J. Lee Mathers*
Licensed Embalmer No... 353

P. O. Address... DeSoto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.