

FILED SEP 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. **31085**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **416**

1. PLACE OF DEATH
 a. COUNTY **Cape Girardeau**
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau township) **0**
 c. LENGTH OF STAY (in this place) **1 day**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Francis Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Stoddard** c. CITY OR TOWN **Advance,** d. Is Residence within limits of a city or incorporated town? Yes No
 STREET ADDRESS (If rural, give location) **Advance, Missouri**

3. NAME OF DECEASED
 a. (First) **Roy** b. (Middle) **E** c. (Last) **Welch** d. DATE OF DEATH (Month) (Day) (Year) **Sept. 10, 1957**

5. SEX **male 0** **6. COLOR OR RACE** **white** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **married** **8. DATE OF BIRTH** **2-6-1891** **9. AGE (in years last birthday)** **66** **IF UNDER 1 YEAR** Months **7** Days **4** **IF UNDER 12 HRS.** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Merchant** **10b. KIND OF BUSINESS OR INDUSTRY** **Merchantile** **11. BIRTHPLACE** (City and State or Foreign Country) **Near Advance, Mo. 0** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Daniel Welch** **13b. MOTHER'S MAIDEN NAME** **Sadie Lee** **14. NAME OF HUSBAND OR WIFE** **Elsie Welch**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) **none** **16. SOCIAL SECURITY NO.** **486-38-2042** **17. INFORMANT'S SIGNATURE OR NAME** **Elsie Welch, Advance, Missouri** **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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute myocardial infarction** **INTERVAL BETWEEN ONSET AND DEATH** **4 hrs.**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Coronary artery disease** ?
 DUE TO (c) **old cerebral-vascular accident, Hypertension**
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 NO

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) (m.) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Aug 19 49, to Sept 19, 1957, that I last saw the deceased alive on Sept 19, 1957, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE **Charles F. Wilson M.D.** (Degree or title) **23b. ADDRESS** **714 Broadway Cape Girardeau Mo** **23c. DATE SIGNED** **9-14-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **9-12-57** **24c. NAME OF CEMETERY OR CREMATORY** **Morgan** **24d. LOCATION (City, town or county)** **Advance, Missouri** (State) _____

DATE REC'D BY LOCAL REG. **9-19-57** **REGISTRAR'S SIGNATURE** **Milford Winchester Dep.** **25. FUNERAL DIRECTOR'S SIGNATURE** **W. H. Morgan** **ADDRESS** **Advance Mo**

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

OCT 9 1958

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 *Wm H. Meyer*

Licensed Embalmer No. *465*
P. O. Address *Adrian*

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.