

FILED SEP 18 1957

STANDARD CERTIFICATE OF DEATH

State File No. 32847

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Premisicot</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission. a. STATE <u>Mo</u> b. COUNTY <u>Premisicot</u>	
b. CITY OR TOWN <u>Hoyti</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Hoyti</u> <small>(In this place)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hoyti Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1 Box 481078</u>	
3. NAME OF DECEASED a. (First) <u>Baby</u> b. (Middle) <u>Girl</u> c. (Last) <u>Welch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21, 1957</u>	
5. SEX <u>Y</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 21, 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during major part of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>0</u> <u>0</u> <u>0</u> <u>1</u> If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hoyti, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W.F. Welch</u>		13b. MOTHER'S MAIDEN NAME <u>Eveldean Anglin</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.F. Welch</u> ADDRESS <u>Hoyti Mo Rt 1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumature baby</u> <u>12.12.57</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>mother fell about a week ago.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>8-21-1957</u> , to <u>8-21-1957</u> , that I last saw the deceased alive on <u>8-21-1957</u> , and that death occurred at <u>2 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Hoyti Mo.</u>	
23c. DATE SIGNED <u>8-21-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Funeral Service Bennett, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-11-57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

9-253-57

SEP 16 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 Body was not embalmed Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Robert B. Baird.....  
4488

Licensed Embalmer No. ....

P. O. Address Kennett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.