

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILE NO. **40657**
STATE FILE NUMBER
Registrar's No. **5159**

FILED NOV 20 1957

Registration District No. **149** Primary Registration District No. **1002**

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Gordon P. Barnett
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grosse Nursing Home 3918 Charlotte		Length of stay in 1b 60 yrs.	d. STREET ADDRESS (If outside, give location) 3918 Charlotte
3. NAME OF DECEASED (Type or print) First Anna Middle June Last Welch		4. DATE OF DEATH Month Nov. Day 2 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 11, 1865
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) North Vernon Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Summerfield	13b. MOTHER'S MAIDEN NAME Morin
14. NAME OF HUSBAND OR WIFE Dr. Albert J. Welch		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 Mrs. Jamison 1209 W. 61st Terr. K. C. Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Conpessitive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			3 years
DUE TO (c) Arteriosclerosis			30 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 3918			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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
21. I attended the deceased from April 1, 1951 to Nov. 1, 1957 and last saw her alive on Nov. 1, 1957 Death occurred at 12:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gordon P. Barnett (Degree or title) M.D.		22b. ADDRESS 6333 Brookside Plaza	
22c. DATE SIGNED 4 Nov. 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/4/57	23c. NAME OF CEMETERY OR CREMATORY Forest Hill
23d. LOCATION (City, town, or county) Kansas City		(State) Mo.	
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 11-4-57
26. REGISTRAR'S SIGNATURE Neva Minshall			

NOV 21 1957

4.3-4466
after 2:00 o'clock



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 *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Harris City*

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.