

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2531

STATE FILE NUMBER

FILED JAN 28 1958

Registration District No. 316 Primary Registration District No. 306.0 Registrar's No. 26

Health,  
Welfare  
Public  
Service

300  
1-56

ALL INFORMATION ON THIS CERTIFICATE IS TO BE PRINTED IN BLOCK CAPITAL LETTERS UNLESS OTHERWISE INDICATED. NO SYMPTOMS WILL BE LISTED. ALL DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Francois</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Farmington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Farmington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>301 Forster St</b>			Length of stay in 1b <b>25 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>301 Forster St</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Lyda Georgia Welch</b>				First Middle Last		4. DATE OF DEATH <b>Jan. 16 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept 1, 1889</b>		9. AGE (In years last birthday) <b>68</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Kirkwood, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>David John Rosemann</b>				14. MOTHER'S MAIDEN NAME <b>Theresa A Berg</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-38-0737</b>		17. INFORMANT Address <b>Clarence D. Benton, Farmington, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis with Rt. Hemiplegia.</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>260X</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
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 <b>5:00 P.M.</b> a. m. p. m.								
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		
21. I attended the deceased from <b>Nov 1956</b> to <b>Jan 15, 1958</b> and last saw <sup>her</sup> alive on <b>Jan 15, 1958</b> . Death occurred at <b>5:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>R. A. Hudstap M.D.</b>				22b. ADDRESS <b>Farmington, Mo</b>		22c. DATE SIGNED <b>1-20-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1/19/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Francois Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Desloge, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Miller Funeral Home, Farmington, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Jan. 20, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1958

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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 Paul K. Dargatzis

Licensed Embalmer No. 410

P. O. Address Farmington

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.