

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009377
State File No.

FILED APR 7 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Salem</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 S. Washington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0331</u>	
		e. STREET ADDRESS (If rural, give location) <u>103 S. Washington</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOWARD</u>	b. (Middle) <u>ANTON</u>	c. (Last) <u>WELCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1958</u>
-------------------------------------	--------------------------	--------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 21 1883</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>74</u>
--------------------	-------------------------------	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber (ret.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dent County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>T. J. Welch</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Ida May Welch</u>
--	--	---

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>500-34-3703</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ida May Welch</u>	ADDRESS <u>Salem, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u>		<u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <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) <u>4201</u> <u>2</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-7-58, 1958, to 4-2-58, 1958, that I last saw the deceased alive on 4-2-58, 1958, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (If negro or child) <u>Raymond Stalder, M.D.</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>4-4-58</u>
--	-----------------------------------	-----------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 5 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salem, Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4/3/58</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M. D. by P. H. A.</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Max L. Warfel Salem, Mo.</u>
---	---	---

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

8561 - 6 701

APR 9 1958

SEP 8 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 *Max L. Waugh*

Licensed Embalmer No. *417*

P. O. Address *Salem, N*

- 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.