

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017255

STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett ⁰⁵¹ 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 County Road		Length of stay in lb 38 Yrs.	d. STREET ADDRESS (If outside, give location) 801 County Road
3. NAME OF DECEASED (Type or print) First ASA Middle L. Last WELTON		4. DATE OF DEATH Month May Day 26 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Frisco R. R. Worker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, long by thday) 77
13a. FATHER'S NAME Andrew Welton		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edna Bass Welton
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. 712-07-7480	17. INFORMANT Mrs. Edan Welton Address Monett, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary Arteriosclerosis DUE TO (b) Hypertension DUE TO (c) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 yr 6 months 2 1/2
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 2-10-56 to 5-26-58 and last saw her/him alive on 5-26-58 Death occurred at 3:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank Kerwin MD</i> (Degree or title)		22b. ADDRESS Monett Mo	
22c. DATE SIGNED 5-27-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/29, 58	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) Monett, Mo.		23e. (State)	
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.		25. DATE RECD. BY LOCAL REG. 5-31-58	26. REGISTRAR'S SIGNATURE <i>Mrs P. N. Cook</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

8981 - 6 MR

NO. 658-125

DATE REC. 6-2-58

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 J. D. Buchanan.....

Licensed Embalmer No. 3179.....
P. O. Address Monett, 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.