

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018597

STATE FILE NUMBER

2440

FILED JUN 5 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mis Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital | | Length of stay in lb Life | d. STREET ADDRESS 5608 Virginia |
| 3. NAME OF DECEASED (Type or print) CATHERINE LUCILLE WELSH | | First CATHERINE | Middle LUCILLE |
| 4. DATE OF DEATH Month May | | Day 12 | Year 1958 |
| 5. SEX Female | 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 February 10, 1896 |
| 9. AGE (In years last birthday) 62 | | IF UNDER 1 YEAR Months 62 | IF UNDER 24 HRS. Hours 62 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME John Berry | 13b. MOTHER'S MAIDEN NAME Mary Baine |
| 14. NAME OF HUSBAND OR WIFE Frank W. Welsh | | 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. 491-32-3579 |
| 17. INFORMANT Frank W. Welsh | | Address 5608 Virginia | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary embolism | | | INTERVAL BETWEEN ONSET AND DEATH 20 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombophlebitis - leg + arm | | | 10 days |
| DUE TO (c) unknown | | | 463+ |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Esophageal hiatus hernia | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 17, 1958 to May 12, 1958 and last saw ^{her} alive on May 12, 1958 Death occurred at 1050 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE E. L. Slentz, M.D. | | (Degree or title) 0 | 22b. ADDRESS 4620 Nichols Pl., Kansas City, Mo. |
| 22c. DATE SIGNED 5-13-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 5-16-58 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | |
| 23d. LOCATION (City, town, or county) Hickman Mills, Missouri | | (State) | |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home | | 25. DATE RECD. BY LOCAL REG. 5-13-58 | 26. REGISTRAR'S SIGNATURE neva Minshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

E. L. Slentz

De 22 L. County
4620 J. C. Nichols
Lo 1-3500

St. Stephen
19.

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 *James W. Wain*

Licensed Embalmer No. *4650*
P. O. Address *K.C. 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.