THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018826
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 16-2 Primary Registration District No. 5594 Registrar's No.

1. PLACE OF DEATH a. COUNTY: Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Arnold — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN: Imperial 0500 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Arnold Clinic — Length of stay in 1b: D.O.A	d. STREET ADDRESS (If outside, give location): Rt 1, — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Francine, Middle Lavone, Last Welch
4. DATE OF DEATH: Month May, Day 13, Year 1958
5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐: Baby 0
8. DATE OF BIRTH: Sept 22 1956
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months 7, Days 22 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul E. Welch
14. MOTHER'S MAIDEN NAME: Anna Lou Simino
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr Paul Welch — Address: Rt 1, Imperial Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): multiple fractures
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 9120
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 22
INTERVAL BETWEEN ONSET AND DEATH:
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.): multiple fractures due to transit accident
20c. TIME OF INJURY: Hour 11 15 a. m. p. m. Month, Day, Year: May 13 1958
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Imperial — COUNTY: Jeff — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur B. Twenty, D.O. Coroner's Phys. 3
22b. ADDRESS: 303 W Main - Festus
22c. DATE SIGNED: 5-15 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 16 1958
23c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cem.
23d. LOCATION (City, town, or county) (State): Lemay Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home — ADDRESS: Mehlville Mo.
25. DATE RECD. BY LOCAL REG.: 5-15-58
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300
1-56
3
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
MAY 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 33

P. O. Address St Lou

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.