

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028713
STATE FILE NUMBER

FILED AUG 21 1958
Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence institution) a. STATE <i>MO</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Herronsdale</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in 1b <i>20 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>2nd St West</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>MARK WELCH</i>			4. DATE OF DEATH Month Day Year <i>8 12 58</i>			
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5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11-20-1886</i>	9. AGE (In years of birthday) <i>71</i>	IF UNDER 1 YEAR Month <i>8</i> Day <i>22</i>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of last year) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>cotton</i>	11. BIRTHPLACE (City and State or country) <i>Humboldt, Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Andrew Welch</i>	13b. MOTHER'S MAIDEN NAME <i>Madeline Jackson</i>	14. NAME OF HUSBAND OR WIFE <i>Roberta Welch</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>491-44-3220</i>	17. INFORMANT <i>Roberta Welch</i> Address <i>Herronsdale, MO</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8-4-58</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>331X</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ 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 <i>Herronsdale</i>	COUNTY <i>Franklin</i>	STATE <i>MO</i>
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21. I attended the deceased from <i>6-4-58</i> to <i>8-12-58</i> and last saw her alive on <i>8-12-58</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M J M Jamison</i> (Degree or title)	22b. ADDRESS <i>Steele, MO</i>	22c. DATE SIGNED <i>8-16-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>8-17-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>number 9</i>	23d. LOCATION (City, town, or county) (State) <i>Herronsdale, Ark.</i>
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24. FUNERAL DIRECTOR <i>J. Smith</i> ADDRESS <i>Herronsdale, MO</i>	25. DATE RECEIVED BY LOCAL REG. <i>8/18/58</i>	26. REGISTRAR'S SIGNATURE <i>Szalinski</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

COUNTY FILE NUMBER

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 *Fred J. Smith*

Licensed Embalmer No. *4408*

P. O. Address *Bedford*

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.