

Health, & Welfare  
Public  
Service

DR. HANSS

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032398  
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 920

300  
1-57

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>GREENE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SPRINGFIELD</b>           |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>SPRINGFIELD</b> <sup>0396</sup><br>0   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b> |  | Length of stay in lb  | d. STREET ADDRESS <b>U.S. MEDICAL CENTER</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>JUNE</b> Middle <b>L.</b> Last <b>WELCH</b> |  |  | 4. DATE OF DEATH<br>Month <b>SEPT.</b> Day <b>22</b> Year <b>1958</b> |  |  |
|---|--|--|---|--|--|

|                         |                                  |   |   |   |                                |                                |
|-------------------------|----------------------------------|---|---|---|--------------------------------|--------------------------------|
| 5. SEX<br><b>FEMALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>JUNE 21 1910</b> | 9. AGE (In years) <b>48</b> (If birthday) | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|---|---|---|--------------------------------|--------------------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>SPRINGFIELD, MO. C</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|---|-----------------------------------|---|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><b>CASPER LEDERER</b> | 13b. MOTHER'S MAIDEN NAME<br><b>VELLA VERNE WEAVER</b> | 14. NAME OF HUSBAND OR WIFE<br><b>HOWARD WELCH</b> |
|---|--|--|

|   |                         |                                      |                         |
|---|-------------------------|--------------------------------------|-------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)<br><b>NO</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>HOWARD WELCH</b> | <b>SPRINGFIELD, MO.</b> |
|---|-------------------------|--------------------------------------|-------------------------|

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY<br>IMMEDIATE CAUSE (a) <u>Ruptured aorta</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 hrs.</u><br><u>years</u><br><u>years</u>      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteries</u>                              |  |  |
| DUE TO (c) <u>arterial hypertension</u>  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                    |  | 18. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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.) |
|---|--|

|   |
|---|
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____ |
|---|

|   |  |  |
|---|--|--|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> 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<br>COUNTY _____ STATE _____ |
|---|--|--|

21. I attended the deceased from 1952 to Sept. 22, 1958 and last saw her alive on Sept. 22, 1958  
Death occurred at 1:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

|  |   |                                    |
|--|---|------------------------------------|
| 22a. SIGNATURE<br><u>Dr. Hanss</u> (Degree or title) | 22b. ADDRESS<br><u>Springfield, Mo.</u> | 22c. DATE SIGNED<br><u>9-23-58</u> |
|--|---|------------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>CREMATION</b> | 23b. DATE<br><b>9/25/58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>NEWCOMER'S CREMATORY</b> | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MO.</b> |
|---|-----------------------------|---|--|

|  |                                    |  |   |
|--|------------------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><b>H.H. LOHMEYER</b> | ADDRESS<br><b>SPRINGFIELD, MO.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>9-24-58</b> | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Mellon</u> |
|--|------------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *R. H. Mc Conn* .....

Licensed Embalmer No. *2729* .....  
P. O. Address *Springfield, 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.