

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009004

STATE FILE NUMBER

MAR 30 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		c. CITY OR TOWN <u>Stouffville MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>N. Willow St.</u>	
3. NAME OF DECEASED (Type or print) <u>Mrs Pauline Dixie Welch</u>		4. DATE OF DEATH <u>Nov. 21. 1959</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 17 - 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Counselor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Robert Walker</u>	9. AGE (In years last birthday) <u>59</u>
11. BIRTHPLACE (City and state or country) <u>Stouffville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Santonius J. Dixie</u>		14. MOTHER'S MAIDEN NAME <u>Leta Hawthorne</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-18-9849</u>	
17. INFORMANT <u>M. L. L. Hawthorne</u>		Address <u>Stouffville</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Breast Carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>unknown</u>			170X
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>none</u>			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.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
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 COUNTY STATE
21. I attended the deceased from <u>6-30-53</u> to <u>3-21-59</u> and last saw her alive on <u>3-20-59</u> Death occurred at <u>11:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Alfred L. Carlen, M.D.</u>		22b. ADDRESS <u>Stouffville, MO.</u>	22c. DATE SIGNED <u>3-25-59</u>
23a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/24/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Stouffville MO</u>
24. FUNERAL DIRECTOR <u>Leroy A. Phillips</u>		ADDRESS <u>Stouffville, MO</u>	25. DATE RECD. BY LOCAL REG. <u>3-25-59</u>
26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>			

USE ONLY BLACK INK OR RIBBON. TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
DR. ALBERT L. CARLEN

MAY 15 1959

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
~~by me, or by~~ ..... Student Embalmer No. ....  
~~working under my personal supervision.~~

Student.....  
Signature of Student Embalmer

Signed..... *Leroy F. Phultz*

Licensed Embalmer No.....

P. O. Address..... *Stout*

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.