

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014300

STATE FILE NUMBER

19

FILED APR 21 1959

Registration District No. 264 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Bannett Fork Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Romance 0770 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Home life		d. STREET ADDRESS (If outside give location) Reside on Form Bannett Fork Twp. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Eli William Welch			4. DATE OF DEATH Month Day Year 4-10-59
5. SEX M ^o	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-11-1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARM	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
11. BIRTHPLACE (City and state or country) Ozark Co, Mo		13. FATHER'S NAME Joe Welch	
14. MOTHER'S MAIDEN NAME ANNIE JANE LONG		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. 500-05-1844		17. INFORMANT Address Elden Welch, Romance, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic arteriosclerosis 4221			INTERVAL BETWEEN ONSET AND DEATH 3-6 hrs 5-70
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	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 Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from _____ to 4-10-59 and last saw ^{him} alive on 4-10-59 Death occurred at _____ SISE on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. C. Helwig M.D.		22b. ADDRESS Ava Mo	
22c. DATE SIGNED 4-10-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY Romance	23d. LOCATION (City, town, or county) (State) Ozark Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Clickingbead, Gainesville		25. DATE RECD. BY LOCAL REG. 4-19-59	26. REGISTRAR'S SIGNATURE Theresa Graham

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *John K. Casey*.....

Licensed Embalmer No. *48*

P. O. Address *Garfield*.....

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.