RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 3 0 1959

59–033430
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Doniphan — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1302 Jackson St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ripley
c. CITY OR TOWN: Doniphan — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1302 Jackson St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Wilma Middle: Gladys Last: Welp
4. DATE OF DEATH: Month: Sept. Day: 22 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-10-1910
9. AGE (last birthday): 49
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Oak, Nebraska
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William G. Fagan
13b. MOTHER'S MAIDEN NAME: Lelah M. Lasater
14. NAME OF HUSBAND OR WIFE: Walter Welp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 513-30-8853
17. INFORMANT: Walter Welp Address: Doniphan, 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) Carcinoma primary stomach – metastasis — INTERVAL BETWEEN ONSET AND DEATH: 12 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) to neck, pelvis + abdomen
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 1958 to Sept 23 1959 and last saw her alive on 9/22/59
Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Johnson MD (Degree or title)
22b. ADDRESS: Doniphan Mo
22c. DATE SIGNED: 9/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-26-1959
23c. NAME OF CEMETERY OR CREMATORY: Doniphan Cemetery
23d. LOCATION (City, town, or county) (State): Doniphan, Mo.
24. FUNERAL DIRECTOR ADDRESS: Edwards Funeral Home Doniphan, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 25-1959
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gene H Parre

Licensed Embalmer No. 4809

P. O. Address Naylor,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.