

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 10 1956

State File No. **12047**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6131		Registrar's No. 361					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)							
a. COUNTY SHANNON		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montier Twp		c. LENGTH OF STAY (In this place) 25 yrs		c. CITY OR TOWN Montier					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
e. STREET ADDRESS _____ (If rural, give location)				1010							
3. NAME OF DECEASED (Type or Print)			a. (First) Lulu			b. (Middle) Mae					
			c. (Last) Welsh			4. DATE OF DEATH (Month) (Day) (Year)					
						MARCH 29-1956					
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday) 84			
F		W		Widowed		MAY 12-1871		If UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY?		
Housewife						FARMINGTON, Mo.			U.S.		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
William Wilson				Unknown				None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME					
						Alvah J. Welsh Montier, Mo.					
18. CAUSE OF DEATH			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver								
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES								
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
			DUE TO (b) _____								
			DUE TO (c) _____								
			II. OTHER SIGNIFICANT CONDITIONS								
			Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?		
									YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP)			(COUNTY)		
						1561					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>3/16, 1955</u>, to <u>3/29, 1956</u>, that I last saw the deceased alive on <u>3/29, 1956</u>, and that death occurred at <u>3:40 a.m.</u>, from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)						23b. ADDRESS			23c. DATE SIGNED		
James R. Shaffer D.D.						mtw View mo.			3/31/56		
24a. BURIAL, CREMATION, REMOVAL (Specify)			24b. DATE			24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)		
BURIAL			April 1-56			Montier			Montier, Mo.		
DATE REC'D BY LOCAL REG.			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE					
4/9 56			Mabel Greene 447			DUNCAN'S Mtn. View, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 *Joel P. Duncan*.....

Licensed Embalmer No. *43*.....

P. O. Address *Wt. Va.*.....

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.