Welch

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5540

8207-57 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Levering Hospital — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Marion
c. CITY OR TOWN: H annibal 0646 — Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1108 Rock St. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print): First: Kenneth Middle: Jo Last: Watson

4. DATE OF DEATH: Month: Feb. Day: 16 Year: 1957

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED ☐ NEVER MARRIED ☐ # WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 16, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days Hours 2 Min. 28 IF UNDER 24 HRS.

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 country): Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Joan Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): ---- (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: Address: Lorene Watson--Hannibal, Missouri

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): Anoxia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): MALFORMATION OF GREAT VESSELS — 2hrs
DUE TO (c): CONGENITAL HEART DISEASE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7544
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 Feb 16, 1957 to Feb 16, 1957 and last saw him alive on Feb 16, 1957
Death occurred at 7:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Cornelius C Welch, M.D.
22b. ADDRESS: 2101 Spruce Hannibal Mo
22c. DATE SIGNED: 2-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 20 1957
23c. NAME OF CEMETERY OR CREMATORY: Robinson Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR: J M. O'Donnell ADDRESS: Hannibal, Mo.
25. DATE RECD. BY LOCAL REG.: 2/26/57
26. REGISTRAR'S SIGNATURE: D E M Lucke By H O Fischer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED MAR 1 1957
MARION CO. HEALTH DEPT.
DATE FILED MAR 1 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. M. O'Connell

Licensed Embalmer No. 3889

P. O. Address Hannibal, M

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.