

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-012539**

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 47

STATE FILE NUMBER

<p><b>FILED MAY 2 1961</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Bates</b></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b></p> <p>c. CITY OR TOWN <b>East Boone Township</b></p> <p>Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print)</p> <p>First <b>Alvin</b> Middle <b>Pearl</b> Last <b>Welch</b></p>			<p>4. DATE OF DEATH</p> <p>Month <b>April</b> Day <b>23</b> Year <b>1961</b></p>		
<p>5. SEX <b>Female</b></p>	<p>6. COLOR OR RACE <b>White</b></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <b>10-15-12</b></p>	<p>9. AGE (last birthday) <b>48</b></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR</p> <p>Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <b>Miami Oklahoma</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b></p>
<p>13a. FATHER'S NAME <b>Earl L. Trigg</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Agnes R. Hubbard</b></p>		<p>14. NAME OF HUSBAND OR WIFE <b>Estell Welch</b></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>		<p>16. SOCIAL SECURITY NO. <b>unknown</b></p>	<p>17. INFORMANT <b>Estell Welch, Adrian, Mo.</b></p> <p>Address</p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <b>Metastatic Ca, to Liver, Spleen, and walls</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Ca, primary site unknown</b></p> <p>DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><b>about 10 wks</b></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY</p> <p>Hour a.m. p.m.</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY STATE</p>
<p>21. I attended the deceased from <b>1 Mar 61</b> to <b>22 Apr 61</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>22 Apr 61</b></p> <p>Death occurred at <b>11:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <b>M. G. Mader M.D.</b></p>			<p>22b. ADDRESS <b>State Park Bldg. Butler, Mo</b></p>		<p>22c. DATE SIGNED <b>24 Apr 61</b></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b></p>	<p>23b. DATE <b>4-25-61</b></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem. Adrian, Mo.</b></p>		<p>23d. LOCATION (City, town, or county) (State)</p>	
<p>24. FUNERAL DIRECTOR ADDRESS <b>Six Funeral Service, Adrian, Mo.</b></p>		<p>25. DATE RECD. BY LOCAL REG. <b>Apr: 25-61</b></p>	<p>26. REGISTRAR'S SIGNATURE <b>Kendall K...</b></p>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 \_\_\_\_\_ *Adrian*

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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