SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012960

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 194

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 37 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 525 Louis St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 525 Louis St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Robert — Middle: Lee — Last: Welch
4. DATE OF DEATH: Month: May — Day: 5, — Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/3/09/
9. AGE (last birthday): 52 — 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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (City and state or country): Brownwood, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Arthur Welch
13b. MOTHER'S MAIDEN NAME: Orilla Welch
14. NAME OF HUSBAND OR WIFE: Louise Koch Welch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW2
17. INFORMANT: Mrs. Louise Welch — Address: Cape Girardeau, 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): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 1955, to 5 May 61 and last saw him alive on
Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] MD. (Degree or title)
22b. ADDRESS: Cape Girardeau
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/7/61/
23c. NAME OF CEMETERY OR CREMATORY: Lorimier Cemetery
23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 5-11-61
26. REGISTRAR'S SIGNATURE: Irma Kasten

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1961

FEB 7 1962

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 C. J. Lohberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.