MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020084
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 180

FILED JUN 12 1961

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston
Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 Broadway
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Sikeston
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 110 Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mae Middle Edna Last Welch
4. DATE OF DEATH: Month June Day 1 Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-11-1918
9. AGE (last birthday): 42
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): Cleaner
10b. KIND OF BUSINESS OR INDUSTRY: Cleaning shop
11. BIRTHPLACE (City and state or country): Essex, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jack Welch
13b. MOTHER'S MAIDEN NAME: Elizabeth Harris
14. NAME OF HUSBAND OR WIFE: never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): x x x x x x x
17. INFORMANT: Pearl Latham Address: Sikeston, 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) Fibrosarcoma of right antrum — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
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 12/3/60 to June 1, 1961 and last saw her/him alive on May 26, 1961
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Wm. C. Crutchlow M D
22b. ADDRESS: Sikeston, Mo
22c. DATE SIGNED: June 6 1961
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-4-61
23c. NAME OF CEMETERY OR CREMATORY: Essex Cemetery
23d. LOCATION (City, town, or county) (State): Essex, Missouri
24. FUNERAL DIRECTOR: Watkins & Sons ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 6-6-61
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Mark Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, MI

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.