

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035919

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38

Primary Registration District No. 3006

Registrar's No. 657

STATE FILE NUMBER

AMENDED

Registration District No. FILED OCT 30 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Length of stay in 1b 37 days	c. CITY OR TOWN FAIR PLAY
c. FULL NAME OF (If NOT in hospital, give location) U. Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1
3. NAME OF DECEASED (Type or print) First Jesse Middle EARL Last WELSH		4. DATE OF DEATH Month Oct Day 26 Year 1961	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-21-92
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) Polk County Mo U.S.A.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME WILLIAM WELSH	
13b. MOTHER'S MAIDEN NAME ANNIE TALBERT		14. NAME OF HUSBAND OR WIFE VERVIE WELSH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT U. Medical Records - STADIUM RD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION DUE TO (b) MYOCARDITIS, CHRONIC DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 9/19/61 to 10/26/61 and last saw him alive on 10/25/61 Death occurred at 6:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Martin H. Meyer M.D.		22b. ADDRESS UNIVERSITY HOSPITAL COLUMBIA	22c. DATE SIGNED 10/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-26-1961	23c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE Cem.	23d. LOCATION (City, town, or county) (State) BOLIVAR, MISSOURI
24. FUNERAL DIRECTOR Parker Funeral Service Columbia Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct 26 1961	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

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 Donald L Roberts

Licensed Embalmer No. 4922
P. O. Address Columbus, GA

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.