

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043328

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 179

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 6 1962

VS 300
Rev. 4/59

0550
20340
3
4 0
5 1
6
7 0
8 1
9 199-2
10
11
12 93-0
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u> | | Length of stay in 1b <u>29 das.</u> | c. CITY OR TOWN <u>Ava</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>General Delivery</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Morgan</u> Middle <u>Sherman</u> Last <u>Welch</u> | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>27</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/11/1887</u> |
| 9. AGE (last birthday) <u>75</u> | | 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) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Harvey's Furniture-Norwood, Mo.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U. S. A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>James J. Welch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Rayfeld</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ida</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>no</u> | | 17. UNIFORMANT <u>Med. Records, Mo. S.S., Mt. Vernon, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis, site of origin unknown</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
| 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) <u>Thrombophlebitis, Diabetes Mellitus, Arteriosclerotic heart disease, congestive failure</u> | | | 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 <u>10/29/62</u> to <u>11/27/62</u> and last saw him alive on <u>11/27/62</u> Death occurred at <u>10:50</u> p. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. Lewis Gates</u> | | 22b. ADDRESS <u>M. O. Mt. Vernon, Missouri</u> | |
| 22c. DATE SIGNED <u>11/28/62</u> | | | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>11-28-62</u> | | 23d. NAME OF CEMETERY OR CREMATORY <u>Omaha Cemetery</u> | |
| 23e. LOCATION (City, town, or county) <u>Omaha-Arkansas</u> | | 23f. STATE <u>Arkansas</u> | |
| 24. FUNERAL DIRECTOR <u>Halt Funeral Home - Harrison - Arkansas</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-30-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Ray</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 May T. Lovett
Signature of Licensed Embalmer

Licensed Embalmer No. 4252

P. O. Address M. W. ...

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.