MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-030896 STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 593

DO NOT WRITE ON THIS STUB — AMENDED

FILED SEP 9 1965

VS 300 Rev. 4/59

1 0109
2 0331
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4 0
5 2
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12 2-0
13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 4 hr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Univ. of Mo. Medical Center
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Dent
c. CITY OR TOWN: Salem
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 S. Jackson
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: John; Middle: Robert; Last: Welch

4. DATE OF DEATH: Month: Sept.; Day: 5; Year: 1965

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 03-16-80

9. AGE (last birthday): 85

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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Maries Co. Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Francis M. Welch

13b. MOTHER'S MAIDEN NAME: Rebecca Southern

14. NAME OF HUSBAND OR WIFE: Lamoria Welch

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.: 496-40-9406

17. INFORMANT Address: Univ. of Mo. Med. Center Hosp. Records Columbia, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Lymphatic Leukemia — 2 months
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

MEDICAL CERTIFICATION

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 9/5/65 8:00 Am to 9/5/65 1 pm and last saw her/him alive on 9/5/65 12:00 noon
Death occurred at 12:13 pm 9/5/65 m/on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. John Keller M.D.

22b. ADDRESS: UMMC

22c. DATE SIGNED: 9/5/65

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9/6/65

23c. NAME OF CEMETERY OR CREMATORY: Highgate Cemetery

23d. LOCATION (City, town, or county) (State): Maries County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lichliter Funeral Home St. James Mo.

25. DATE RECD. BY LOCAL REG.: Sept 6, 1965

26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Colum[illegible]

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.