

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11866

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 33

0061

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (CENTRAL TOWNSHIP)</u> <u>0060</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES NORTH OF OAKTON, MISSOURI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LONNIE</u>		b. (Middle) <u>LEE</u>	
c. (Last) <u>WELBORN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19, 1950</u>	
5. SEX <u>MALE</u> <input type="radio"/>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 23, 1902</u>
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MANITEAU, OKLAHOMA</u> /
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WILLIAM OLAN WELBORN</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA FRANCIS CHATTUM</u>	
14. NAME OF HUSBAND OR WIFE <u>RUTH LOUISE STACY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>509-01-8929</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. RUTH WELBORN</u>		ADDRESS <u>IANTHA, MO., R.1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, General/vein</u> ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreas</u> DUE TO (c) <u>metastases to regional glands</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs</u>		<u>Nov. 1947</u>	
19a. DATE OF OPERATION <u>Nov. 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy - Squamous cell carcinoma</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (Specify home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov.</u> , 19 <u>47</u> , to <u>Apr. 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr. 19</u> , 19 <u>50</u> , and that death occurred at <u>2:50 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thom T. Bickel M.D.</u>		23b. ADDRESS <u>Lamar, Missouri</u>	
23c. DATE SIGNED <u>4/19/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LAMAR MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>APR 21 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u> <u>14</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME</u>		ADDRESS <u>LAMAR, MISSOURI</u>	

RECEIVED APR 24 1950
District Health Office No. 6,
District File Number 450-483
Date Filed 4-27-50

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, XXXX

working under my personal supervision.

Student Embalmer No.

Signed Walter J. Konantz

Signed.....
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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 this body is not embalmed, fact should be so stated above.