

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16768

State File No.

REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 4485 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfegt
c. LENGTH OF STAY (In this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Scott
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfegt
d. STREET ADDRESS (If rural, give location) 1000

3. NAME OF DECEASED
a. (First) William b. (Middle) Weslie c. (Last) Welker (Woelker) 4. DATE OF DEATH (Month) (Day) (Year) May 2 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March 23, 1894 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt Roundhouse 11. BIRTHPLACE (State or foreign country) Swinton Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sam Welker 13b. MOTHER'S MAIDEN NAME Maura Davis 14. NAME OF HUSBAND OR WIFE Nonahineohn Welker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) 16. SOCIAL SECURITY NO. 702-09-6420 17. INFORMANT'S SIGNATURE OR NAME Rudolph Welker ADDRESS Fornfegt Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia 3 days
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma 23 yrs
DUE TO (c) acidosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 241X 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1953, to May 2, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at 6:18 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred W. Martin D. O. M. 23b. ADDRESS Illmo, Mo. 23c. DATE SIGNED May 5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5-5-53 24c. NAME OF CEMETERY OR CREMATORY Wightner Memorial 24d. LOCATION (City, town, or county) (State) Illmo Mo

DATE REC'D BY LOCAL REG. 5-5-53 REGISTRAR'S SIGNATURE [Signature] 300 FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Illmo Mo

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

1000

RECEIVED MAY 11 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 553-104

VS AUG 25 1959

MAY 26 1959

AUG 26 1959

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 _____
Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Almo, Mo

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.