

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROYAL RFD 1 MARBLE HILL</u>		d. STREET ADDRESS (If rural, give location) <u>0090,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. FRANCIS HOSPITAL</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>SANFORD</u> c. (Last) <u>WELKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 19-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 23, 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>LEONARD WELKER</u>		13b. MOTHER'S MAIDEN NAME <u>MAHALA SHYUM</u>	14. NAME OF HUSBAND OR WIFE <u>FANNIE</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>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME (SEE ADDRESS) <u>Mrs. Fannie Welker Marble Hill</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 mos.</u>		
ANTECEDENT 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) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Cardiovascular Renal Disease</u>					
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>157X</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	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>Feb. 9 1956</u> to <u>Feb 19 1956</u> , that I last saw the deceased alive on <u>Feb 19 1956</u> , and that death occurred at <u>9:05 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Design or title) <u>J. F. Trolinger, M.D.</u>			23b. ADDRESS <u>JACKSON, MISSOURI</u>		23c. DATE SIGNED <u>2/20/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLAINVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR MARBLE HILL MO</u>		
DATE REC'D BY LOCAL REG. <u>2-21-56</u>	REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Wentzville MO</u>		

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

**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 \_\_\_\_\_

*J. Lohrey*

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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