

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9339**
85

FILED MAR 20 1957

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susan's Nurseing Home</u>				d. STREET ADDRESS (If rural, give location) <u>0540</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>Emmett</u>		a. (First)		b. (Middle)		c. (Last) <u>Welker</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 1957</u>		5. SEX <u>0</u> <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Sept. 10, 1871</u>		9. AGE (in years last birthday) <u>85yrs</u>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer, retired</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0</u> <u>Ludlow, Mo. R F D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Cyrus Welker</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Oster</u>		14. NAME OF HUSBAND OR WIFE <u>Cora Belle Welker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Naoma Shultz Ludlow, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</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)		<u>153x</u>	
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</u> , 19 <u>57</u> , to <u>March 4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>March 3</u> , 19 <u>57</u> , and that death occurred at <u>2:20a. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph F. Gale MD</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>3-5-57.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 6, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Center Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ludlow, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-5-57</u>		REGISTRAR'S SIGNATURE <u>Francesca B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MEAD'S FUNERAL SERVICE</u>		ADDRESS <u>Braymer, Mo</u>	

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

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SEP 2 1958

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 *Dernard J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.