

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017519
STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 53 Primary Registration District No. 30.6 Registrar's No. 312

300
1-57

164

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau Mo
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1721 Brucher St		Length of stay in lb 4 yrs	d. STREET ADDRESS (If outside, give location) 118 N Sprigg Street
3. NAME OF DECEASED (Type or print) First Katie Middle Lucretia Last Welker			4. DATE OF DEATH Month May , Day 2 , Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April, 27, 1891
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		9b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Millersville Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE W.D. Welker	
13a. FATHER'S NAME M.S. Kistner		13b. MOTHER'S MAIDEN NAME Parilee Rannels	
14. NAME OF HUSBAND OR WIFE W.D. Welker		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. None		17. INFORMANT W.D. Welker Cape Girardeau 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 Myocardial Infarction DUE TO (b) Acute Myocardial Infarction DUE TO (c) Arteriosclerotic Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mild cerebral infarct & edema			INTERVAL BETWEEN ONSET AND DEATH 30 minutes 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200		20c. TIME OF INJURY Hour Month, Day, Year p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Cape Girardeau Mo		20g. COUNTY Cape Girardeau	
20h. STATE Mo		21. I attended the deceased from 13-28-55 to 5-2-58 and last saw her/him alive on 5-2-58 Death occurred at 9:20PM on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) W. O. L. Seabough M.D.		22b. ADDRESS 24 N. Sprigg Cape Gir., Mo	
22c. DATE SIGNED 5-12-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/4/1958		23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemt	
23d. LOCATION (City, town, or county) Cape Girardeau Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR L.L. Haman Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. May 16, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Homer C. Cooper		27. (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 

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.