

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010419

FILED VS MAR 24 1960

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 27 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b Years		c. CITY OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION W. 6th Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) W. 6th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JOHN Middle RUBISON Last WELCH				4. DATE OF DEATH Month March Day 19 Year 1960									
5. SEX Male		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 10/9/78		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Livestock		11. BIRTHPLACE (City and state or country) Dent County, Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Fount Welch				13b. MOTHER'S MAIDEN NAME Susan Hedrick				14. NAME OF HUSBAND OR WIFE Sylvia					
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. 493-03-6315		17. INFORMANT Orpha Carter				Address Cambridge, Ill.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 11 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____											
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		COUNTY		STATE			
21. I attended the deceased from 6/17/60 to 3/19/60 and last saw ^{her} him alive on 3/19/60 Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>M. M. Hart, M.D.</i> (Degree or title)						22b. ADDRESS Salem, Missouri			22c. DATE SIGNED 3/21/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/21/60		23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery Salem Missouri			23d. LOCATION (City, town, or county) Missouri						
24. FUNERAL DIRECTOR Max L. Warfel Salem, Mo.				25. DATE RECD. BY LOCAL REG. 3/21/60		26. REGISTRAR'S SIGNATURE <i>M. M. Hart, M.D.</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Wanf

Licensed Embalmer No. 4170

P. O. Address Salem, N

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.