

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

FILED VS MAR 18 1960

60-011818

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 96

ENDED

1. PLACE OF DEATH a. COUNTY MARION				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in 1b		c. CITY OR TOWN Vandalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St/Elizabeth			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 804 W. Bland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mayme Middle E Last Welch				4. DATE OF DEATH Month March Day 6 Year 1960					
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 8-3-1903		9. AGE (last birthday) 56 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mountain View, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME George Thomas			13b. MOTHER'S MAIDEN NAME Pearl Ann Belew			14. NAME OF HUSBAND OR WIFE Floyd Welch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 500-30-2051		17. INFORMANT Address Floyd Welch, 804 W. Bland, YANDALIA 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) Terminal bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 1 day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal cell carcinoma - metastases to hip; both clavicles, rd, lung, urea							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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) Hip is fractured 11/24/60 when pt was turned over in bed a pathological fracture.					
20c. TIME OF INJURY Hour Month, Day, Year s.m. 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		COUNTY STATE	
21. I attended the deceased from Jan 5, 1950 to March 6, 1960 and last saw her/him alive on March 6, 1960 Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Carroll Sherman MD (Degree or title)					22b. ADDRESS Vandalia Mo		22c. DATE SIGNED 3/10/60		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-8-60		23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		23d. LOCATION (City, town, or county) Vandalia, Missouri			
24. FUNERAL DIRECTOR William Blatter - Vandalia, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 3/14/60		26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Herman			

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

William Blater

Licensed Embalmer No. 4169

P. O. Address Vandalia

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.