

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 28 1960

=60-022691

INDEXED

Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Township</u>		Length of stay in 1b		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osage City, Missouri</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>324 Chestnut Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED First Middle Last <u>Ernest Welker</u>				4. DATE OF DEATH Month Day Year <u>June 25, 1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-20-1924</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employed at Jefferson City Baking Company</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bloomfield, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Bloomfield, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Ernest Randolph Welker</u>			13b. MOTHER'S MAIDEN NAME <u>Leona Crain</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Hodge Welker</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>490-24-5972</u>		17. INFORMANT Address <u>Mrs. Lillian Welker 324 Chestnut J.C., Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Heart</u> DUE TO (c) <u></u> 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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Fell out of boat.</u>						
20c. TIME OF INJURY Hour <u>2:30</u> Month, Day, Year <u>6/25/60</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Osage River</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Osage City - Cole - Mo.</u>				
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Victor Buescher, Coroner, Cole County</u>			22b. ADDRESS <u>Jefferson City, Mo. 1436 Inwood Barry Road</u>			22c. DATE SIGNED <u>6/25/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem. & Bur.</u>	23b. DATE <u>June 27, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cemetery</u>		23d. LOCATION (City, town, or county) <u>Bloomfield, Mo.</u>		23e. (State)		
24. FUNERAL DIRECTOR <u>Victor Buescher JCMo</u>			25. DATE RECD. BY LOCAL REG. <u>26 June 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Dorris, MD - Richter, Dep</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 = 1 700 SA

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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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jame

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.