

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-029383

FILED VS' AUG 4 1960

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 62

STATE FILE NUMBER

1-3-62  
 1-3-62  
 8-6-99 + 60  
 8-5-1998 + 61  
 491-42-8241  
 8-5-1998 + 61  
 16  
 8-5-1998 + 61

DOCUMENT SERVICE & DELIVERY  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF INFORMATION

<b>1. PLACE OF DEATH</b> a. COUNTY <b>TEXAS</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HOUSTON</b> Length of stay in 1b <b>2 Days</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TEXAS CO. MEMORIAL HOSPITAL</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b> c. CITY OR TOWN <b>MOUNTAIN GROVE</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>R.F.D. #4</b> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> First <b>JOHN</b> Middle <b>AVERY</b> Last <b>WELCH</b> <i>8-5-1898</i> (Type or print)			<b>4. DATE OF DEATH</b> Month <b>JULY</b> Day <b>27</b> Year <b>1960</b>				
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>8/5/1898</b>	<b>9. AGE (last birthday)</b> <b>61 Yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer and Stockman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Mountain Grove, Mo</b>		<b>11. BIRTHPLACE</b> (City, and state or country) <b>Mountain Grove, Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>WHITLEY TAYLOR WELCH</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>LOIS GREEN</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>ALTA MAE GOCKLEY WELCH</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>491-42-8241</b>		<b>17. INFORMANT</b> Address <b>Mrs ALTA MAE WELCH - MTN. GROVE, MISSOURI</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardio Respiratory failure</i> DUE TO (b) <i>Status Asthmaticus</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Asthma all of his life &amp; Emphysema - Pulmonary</i>					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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <i>depression and Pulmonary insufficiency</i>					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <i>May 13 1950</i> to <i>July 27 1960</i> and last saw him alive on <i>July 27 1960</i> Death occurred at <i>11:30 P.</i> m on the date stated above, and to the best of my knowledge from the causes stated.							
<b>22a. SIGNATURE</b> <i>D. J. Burns, md</i> (Degree or title)			<b>22b. ADDRESS</b> <i>Houston Mo.</i>		<b>22c. DATE SIGNED</b> <i>7/31/60</i>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>7/31/1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Hillcrest Cemetery</b>		<b>23d. LOCATION (City, town, or county)</b> <b>Mountain Grove, Missouri</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Barber Funeral Home - Mtn. Grove, Missouri</b>			<b>25. DATE REC'D. BY LOCAL REG.</b> <b>8/1/60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Myrtis Craig m.s.</i>		

MS  
JAN 1962

DEC 6 1961

**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 George Stapp

Licensed Embalmer No. 1161

P. O. Address W. H. Stapp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.