

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035403

LED VS

SEP 22 1960

178

Primary Registration District No. 4285

Registrar's No. 83

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lewistown</b>		Length of stay in 1b <b>21 da</b>	c. CITY OR TOWN <b>6 mi SE Edina</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prairie View Rest Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>IRA</b> Last <b>Welborn</b>			4. DATE OF DEATH Month <b>9</b> Day <b>11</b> Year <b>60</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-6-1886</b>	9. AGE (last birthday) <b>80</b> 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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hancock County, Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Welborn</b>		13b. MOTHER'S MAIDEN NAME <b>Lenna Graves</b>		14. NAME OF HUSBAND OR WIFE <b>Maud Dora Hill Welborn</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. T. F. Marble St. Louis, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro Vascular Accident</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>	
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 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.)			
20c. TIME OF INJURY Hour a.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 <b>25 Sept 60</b> to <b>12 Sept 60</b> and last saw <sup>her</sup> him alive on <b>11 Sept 60</b> Death occurred at <b>6:15 pm</b> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>John W Welborn D.O.</b>			22b. ADDRESS <b>Lewistown Mo</b>		22c. DATE SIGNED <b>12 Sept 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>14 Sept '60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Knox City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Knox City, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>HUDSON-RIMFR FUNERAL HOME Edina, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>9-17-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 26 1980 SA

**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 AYRimer

Licensed Embalmer No. 504  
P. O. Address Edina, 9

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.