

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037415

LED VS 007 25 1960 032 Primary Registration District No. Registrar's No. 72 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bollinger				
b. CITY (If outside, give TOWNSHIP only) OR TOWN Hegcreek twp		Length of stay in lb 20yrs		c. CITY OR TOWN Bufordsville		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS Rrt-1		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First LINUS Middle C. Last WELKER				4. DATE OF DEATH Month 10 Day 10 Year 60				
5. SEX M		6. COLOR OR RACE W		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 3-14-09		
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months 51 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm & Mill operator				10b. KIND OF BUSINESS OR INDUSTRY stave mill		11. BIRTHPLACE (City and state or country) Millersville, Mo		
12. CITIZEN OF WHAT COUNTRY U.S.								
13a. FATHER'S NAME Charles C. Welker				13b. MOTHER'S MAIDEN NAME Eva C. Causey		14. NAME OF HUSBAND OR WIFE Ruby Crader Welker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 493-03-2080		17. INFORMANT Ruby Welker, Bufordsville, 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) Coronary Occlusion 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. ☐ Yes ☐ No ☐ Unknown								
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 10/8/60 to 10/10/60 and last saw him alive on 10/10/60 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 John J. Myers (Degree or title)				22b. ADDRESS Lutesville Mo		22c. DATE SIGNED 10/10/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-13-60		23c. NAME OF CEMETERY OR CREMATORY Crader Cemetery		23d. LOCATION (City, town, or county) (State) Bufordsville, Mo		
24. FUNERAL DIRECTOR Gene Ward, Lutesville Mo ADDRESS 10-17-60				25. DATE RECD. BY LOCAL REG. 10-17-60		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100-100 SN

SEP 27 1968

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 R.O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo

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.