

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005189

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 41

STATE FILE NUMBER

AMENDED

FILED VS FEB 21 1961

1. PLACE OF DEATH
 a. COUNTY Hickory
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wheatland Township Length of stay in 1b 33 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smiles H. of Wheatland Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE South Dakota b. COUNTY THE TRIPP
 c. CITY OR TOWN Winner Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Thomas Middle Levi Last Welch
 4. DATE OF DEATH Month Feb Day 16 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Dec-4-72 9. AGE (last birthday) 88
 IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Beaver Crossing, Dak. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lewis Welch 13b. MOTHER'S MAIDEN NAME Anna Clark 14. NAME OF HUSBAND OR WIFE Martha Olive Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Ray Welch - Wheatland, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH two days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterial sclerosis years
 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 Feb 8, 1961 to Feb 16, 1961 and last saw her alive on Feb 8, 1961
 Death occurred at 9:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Briggs, D.O. 22b. ADDRESS Wheatland, Mo 22c. DATE SIGNED Feb 18, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb 20-61 23c. NAME OF CEMETERY OR CREMATORY Gardner Cemetery 23d. LOCATION (City, town, or county) (State) Wheatland, Mo

24. FUNERAL DIRECTOR Robert Hattaway - Wheatland, Mo ADDRESS _____ 25. DATE RECD BY LOCAL REG. Feb 18-1961 26. REGISTRAR'S SIGNATURE May Johnson

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address: Wheatland, 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.