SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012623
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 257

AMENDED

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY: BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 59 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): UNIVERSITY OF MO. Medical Center — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Polk
c. CITY OR TOWN: Flemington — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): General Delivery — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Guila Middle: Faye Last: Welch
4. DATE OF DEATH: Month 4 Day 19 Year 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-14-95
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook, Nurses Aid, + Maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Shibbolett, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Levi Welch
13b. MOTHER'S MAIDEN NAME: Martha McDowell
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: University of Mo. Medical Records — Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): uremia and severe jaundice
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): carcinoma of the Pancreas
DUE TO (c): Bilateral Renal calculi
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): Exploratory laparotomy -4-4-61
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 _____, to 19 April '61 and last saw her/him alive on 18 April 1961
Death occurred at 4:15 AM on 4-19-61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. R. Ellis, MD.
22b. ADDRESS: U. of Mo. Med. Center Columbia
22c. DATE SIGNED: 19 April '61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-19-1961
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): WHEATLAND, MISSOURI

24. FUNERAL DIRECTOR: Parker Funeral Service — ADDRESS: Columbia Mo.
25. DATE RECD. BY LOCAL REG.: April 19, 1961
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — 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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4897

P. O. Address Columbia M

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.