ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-028821
STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 138

FILED AUG 29 1961

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Length of stay in 1b 53yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 Randol — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Dunklin
c. CITY OR TOWN Kennett — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 204 Randol — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Fannie Middle Belle Last Welker
4. DATE OF DEATH Month 8 Day 24 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Jan 21 1886
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 8 Days 3 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jacob James
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Deceased
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 Mrs. Watt Green Address Kennett, Mo

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) had arteriosclerotic heart disease
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 1955, to present and last saw her alive on 17 aug. 1961
Death occurred at 2:00 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. R. Pick M.D.
22b. ADDRESS Kennett, Mo
22c. DATE SIGNED 8/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-26-61
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) (State) Kennett, Mo

24. FUNERAL DIRECTOR ADDRESS Lentz Service Kennett Mo.
25. DATE RECD. BY LOCAL REG. 8-24-61
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

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 James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Waxahachie, Tx

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.