

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. 274Primary Registration District No. 3052Registrar's No. 318-61-037987

STATE FILE NUMBER

FILED OCT 17 1961

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Sedalia

Length of stay in 1b

3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY OR TOWN

Beaman

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Bothwell Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Route # 5, Sedalia, Mo.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

FREDW.WELLING

4. DATE OF DEATH

Month

Day

Year

October131961

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/7/1888

9. AGE (last birthday)

73

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)

Machinist, retired.

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Pacific R. R. Locomotive Ind

11. BIRTHPLACE (City and state, or country)

USA.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Hermann Welling

13b. MOTHER'S MAIDEN NAME

Catherine Lovett

14. NAME OF HUSBAND OR WIFE

Esther Welling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

Mrs. Fred Welling-Rt. 5, Sedalia, 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)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

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)

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 Oct 11, 1961 to Oct 13, 1961 and last saw ^{her} him alive on Oct 12, 1961Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

Oct 16, 1961

23c. NAME OF CEMETERY OR CREMATORY

N.W. Newcomers

23d. LOCATION (City, town, or county)

Kansas City Mo

(State)

24. FUNERAL DIRECTOR

Gillespie Funeral Home

25. DATE REC'D. BY LOCAL REG.

10/14-1961

26. REGISTRAR'S SIGNATURE

Tranmer ShelbyD.W. Heckart---Sedalia, Missouri

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1961

MAR 27 1962

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 _____ *Oliver Leebar*

Licensed Embalmer No. 3470

P. O. Address _____

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.