

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040791
STATE FILE NUMBER

Dr. J. Brown
Registration District No. 128

Primary Registration District No. 2500 Registrar's No. 1125

AMENDED
FILED NOV 24 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">GREENE</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 1.2em;">MISSOURI</p>		b. COUNTY <p style="text-align: center; font-size: 1.2em;">GREENE</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">SPRINGFIELD</p>		Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">16 YRS.</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">SPRINGFIELD</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">2471 SHERIDAN</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 1.2em;">2471 SHERIDAN</p>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 1.2em;">ANDREW J. WELLEMEYER</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">NOV. 19 1961</p>			
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5. SEX <p style="text-align: center; font-size: 1.2em;">MALE</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">WHITE</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">2/9/07</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 1.2em;">54</p>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">RETIRED FURNITURE DEALER</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">LIBERTY COUNTY, IOWA</p>	11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">USA</p>	12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">USA</p>
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13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">ARTHUR WELLEMEYER</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">LYDIA GRIEWE</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">ELMA WELLEMEYER</p>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">NO</p>		17. INFORMANT Address <p style="text-align: center; font-size: 1.2em;">ELMA WELLEMEYER, SPRINGFIELD, MO.</p>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 1.2em;">Widespread Metastases Carcinoma of colon</p>			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <p style="text-align: center; font-size: 1.2em;">SPRINGFIELD, MO.</p>	COUNTY <p style="text-align: center; font-size: 1.2em;">GREENE</p>	STATE
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21. I attended the deceased from Oct 13, 1960 to 11-19-61 and last saw her/him alive on 11-19-61
Death occurred at 9 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 1.2em;">James T. Brown</p>	22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">1550 E. Sunshine Springfield, Mo</p>	22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">11/20/61</p>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">BURIAL</p>	23b. DATE <p style="text-align: center; font-size: 1.2em;">11/22/61</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">HAZELWOOD</p>	23d. LOCATION (City, town, or county) <p style="text-align: center; font-size: 1.2em;">SPRINGFIELD, MO.</p>
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24. FUNERAL DIRECTOR ADDRESS <p style="text-align: center; font-size: 1.2em;">H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.</p>	25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">11-21-61</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 1.2em;">Effie G. Melton</p>
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ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 1 1961

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 *R. L. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Spalding*

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.