MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013907
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 66

FILED APR 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1/085
2/080
3 1
4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Tate Nursing Home — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Richards — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R#1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: BURTON Middle: Last: WELCH
4. DATE OF DEATH Month: March Day: 22 Year: 1962
5. SEX: M
6. COLOR OR RACE: Wh
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12-14-1873
9. AGE (last birthday): 88 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Richards, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Moses H. Welch
13b. MOTHER'S MAIDEN NAME: Armilda S. Amos
14. NAME OF HUSBAND OR WIFE: Hattie Welch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Richie Welch Address: Deerfield, Missouri

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): INTESTINAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): DIVERTICULOSIS — Unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic cardiovascular disease
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
None
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 August 21, 1959, to Mar 22, 1962 and last saw her/him alive on March 16, 1962
Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Samuel J. Pascoe M.D.
22b. ADDRESS: Moore Building, Nevada, Mo.
22c. DATE SIGNED: 3-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-25-1962
23c. NAME OF CEMETERY OR CREMATORY: Deerfield Cemetery
23d. LOCATION (City, town, or county) (State): Deerfield Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 3-31-1962
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1963

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 L. Angles Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.