

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005614

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 130

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10168
3160
3
4 - C
5 1
6
7 0
8 2
9 4200
10
11
12 3-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 11 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cape Girardeau		b. CITY (If outside hospital, give location) OR TOWN Millersville		e. STATE Missouri COUNTY Cape	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southeast Hospital		Length of stay in lb 2 Days		c. CITY OR TOWN Millersville Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First Golden Middle Welker Last Welker		4. DATE OF DEATH Mar 5 1963		d. STREET ADDRESS None (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 24 1896	9. AGE (last birthday) 66	IF UNDER 1 YEAR: Months 4 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Penecostal Minister		10b. KIND OF BUSINESS OR INDUSTRY Minister		11. BIRTHPLACE (City and state or country) Lutesville Mo.	
13a. FATHER'S NAME George Welker		13b. MOTHER'S MAIDEN NAME Lincoln		14. NAME OF HUSBAND OR WIFE Ina Welker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) yes W.W.I		16. SOCIAL SECURITY NO. 564		17. INFORMANT Mrs Ina Walker Millersville Mo. Address	
18. CAUSE OF DEATH (Enter only one cause)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) Myocardial infarction					
DUE TO (b) arteriosclerotic heart disease					
DUE TO (c) Generalized arteriosclerosis					
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour 3-0 Month, Day, Year 1-0					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 March 4 to March 5 and last saw her ^{her} _{him} alive on March 5, 1963					
Death occurred at 11:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J.E. Hecker, M.D.			22b. ADDRESS Jackson, Mo.		22c. DATE SIGNED 3/7/63
23a. BURIAL, CREMATION, (Specify) Burial		23b. DATE 3-8 1963	23c. NAME OF CEMETERY OR CREMATORY Fairmount		23d. LOCATION (City, town, or county) (State) Cape Gir Mo.
24. FUNERAL DIRECTOR Brinkopf & Sons, Funeral Home ADDRESS Cape Gir Mo.			25. DATE RECD. BY LOCAL REG. 3-7-63		26. REGISTRAR'S SIGNATURE Drew Kasten

D. W. Harker

MAR 14 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 *Neil H. Grosshender*

Licensed Embalmer No. 4994

P. O. Address *Cape Girardeau Mo.*

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.

Taken to Doctor 3-6-63

OTHER INFORMATION