MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027208

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 4048 Registrar's No. 526

FILED AUG 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0108
2 0100
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4 1
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12 90-0
13 30

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rocheport — Length of stay in lb: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rocheport, Mo. — Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First Pansy Middle Welbern Last Andrews

4. DATE OF DEATH: Month 7 Day 29 Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12/10/1904
9. AGE (last birthday): 58 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (City and state or country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Welbern
13b. MOTHER'S MAIDEN NAME: Martha A. Wells
14. NAME OF HUSBAND OR WIFE: J. M. Andrews

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.: 499-30-5763
17. INFORMANT: Stanley Welbern — Address: Rocheport, 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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — 30 years
DUE TO (c): diabetes mellitus — 20 years
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 [X]
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 1963 and last saw her alive on May 20, 1963
Death occurred at 7-29-63 12 15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M Eugene Lowndinville M.D.
22b. ADDRESS: Columbia Missouri
22c. DATE SIGNED: 30 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/1/1963
23c. NAME OF CEMETERY OR CREMATORY: Rocheport Cemetery
23d. LOCATION (City, town, or county) (State): Rocheport, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Lyman Sprinkle Columbia, Mo.
25. DATE RECD. BY LOCAL REG.: July 30 1963
26. REGISTRAR'S SIGNATURE: Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AUG 30 1963

8010
0010

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 David Duffy, Student Embalmer No. 680 working under my personal supervision.

Student David Duffy
Signature of Student Embalmer

Signed Richard A Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia 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.