

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 321

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 4 1963

VS 300
Rev. 4/59

1 0648
2 0040
3
4 1
5 0
6
7 0
8 2
9 776X
10
11
12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Audrain</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Vandalia, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2 miles East Vandalia</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Judith</u> Middle <u>Marie</u> Last <u>Welch</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>17</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/26/1963</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) Months <u>23</u> Days <u></u> Hours <u></u> Min. <u></u> |
| 11a. BIRTHPLACE (City and state or country) <u>Hannibal, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Floyd Welch Jr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Mae Jenkins</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Floyd Welch Jr. Vandalia, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause, per time for 1a, 1b, and 1c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>22 days</u> |
| 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 |
| 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year | 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 <u>Vandalia</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u> |
| 21. I attended the deceased from <u>7-26-63</u> to <u>8-17-63</u> and last saw her/him alive on <u>8-17-63</u> Death occurred at <u>8:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Anthony Ziegler Jr. M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Vandalia Mo.</u> | 22c. DATE SIGNED <u>8-26-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/18/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>William Blatter, Vandalia, Mo.</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>Aug 28, 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Locke by William M. Herman</u> |

USE BLACK INK OR TYPEWRITER RIBBON

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

William B. Vaters

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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.

*Permit received
8/22/63*