

## MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0010119

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 33

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH DENT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo. b. COUNTY DENT	
b. CITY (If outside corporate limits, give TOWNSHIP only) Salem		c. CITY OR TOWN Salem	
Length of stay in 1b 3 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT home		d. STREET ADDRESS (If outside, give location) -	
3. NAME OF DECEASED (Type or print) First Middle Last LeORA Welch		4. DATE OF DEATH Month Day Year MAR. 15 - '64	
5. SEX Female	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 Jan. 15-1880
9. AGE (last birthday) 84	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		11. BIRTHPLACE (City and state or country) GASCONADE Co. MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Jas. Spurgeon	
14. MOTHER'S MAIDEN NAME KATHryn Blevins		15. NAME OF HUSBAND OR WIFE John Welch	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. -	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Plasmacytoma of femur, right. 833 Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left Femur fracture; Arteriosclerosis		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 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 a.m. p.m. 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 Salem, Missouri		
21. I attended the deceased from Dec. 1960 to March 15, '64 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 3-19-64	
22a. SIGNATURE Marie M. Hart M.D.	22b. ADDRESS Salem, Missouri	22c. DATE SIGNED 3-19-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-18-64	23c. NAME OF CEMETERY OR CREMATORY High Gate	23d. LOCATION (City, town, or county) (State) MARIES, Co. MO.
24. FUNERAL DIRECTOR Licklider Funeral Home - MO	25. DATE RECD. BY LOCAL REG. 3-19-64	26. REGISTRAR'S SIGNATURE M. M. Hart M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oral Licklider

Licensed Embalmer No. 3546

P. O. Address St. James, 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.