MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0025131 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6146

DO NOT WRITE ON THIS STUB — AMENDED — FILED 02 64

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2		216	
3			
4		10	
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61

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. ~~COUNTY~~ City of St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3709-A Dunnica — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Barney Middle Lynn Last Welborn

4. DATE OF DEATH: Month 6 Day 24 Year 64

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-18-91

9. AGE (last birthday): 73 — 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): Retired Agent

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (City and state or country): Bismarck, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Phillip Lee Welborn

13b. MOTHER'S MAIDEN NAME: Martha Ann Cartee

14. NAME OF HUSBAND OR WIFE: Delora

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.: Unknown

17. INFORMANT Address: Mrs. Delora Welborn, 3709a Dunnica

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) RETICULUM CELL SARCOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PITUITARY TUMOR

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 MAY 12, 1964 to JUNE 24 and last saw him alive on JUNE 24, 1964
Death occurred at 9 33 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S. Barry Rohen M.D. — 22b. ADDRESS: 1325 So. GRAND — 22c. DATE SIGNED: 6-24-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 6-27-64 — 23c. NAME OF CEMETERY OR CREMATORY: St. Francois Memorial — 23d. LOCATION (City, town, or county) (State): St. Francois Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Murphy L. Sparks, Flat River, Mo.

25. DATE RECD. BY LOCAL REG.: JUN 26 1964

26. REGISTRAR'S SIGNATURE: Noah Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flat Rock, Me

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.