

NOV 17 1970

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 525

DO NOT WRITE ON THIS STUB

9. 1

10a. 81

10b. 02

11. 0

12. 2

13. 2509

14. 4

15. 4

16. 2

17. 2

18. 2

19. CREDITS

20. 1-0

VS 300
Rev. 1/70

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ANNA SARAH WELCH		2. FEMALE	3. NOV. 8, 1970
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (I SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MO. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4. WHITE	5a. 81	5b. 81	6. APRIL 24, 1889
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
7a. FARMINGTON		7b. ST. FRANCOIS	
INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7c. YES		7d. MINERAL AREA OSTIOPATHIC HOSPITAL	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. MISSOURI	9. U.S.A.	10. WIDOWED	11. NONE
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12.	13a. SHOE WORKER	13b. SHOE INDUSTRY	
RESIDENCE—STATE COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. MISSOURI	14b. ST. GENEVIEVE	14c. NO	14d. Rt. 1
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. GEORGE - BRIGGS		16. NANCY UNKNOWN	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. MELVIN WELCH		17b. FARMINGTON Rt. 2, Mo. 63640	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Cardiac Arrest			Immediate
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Kidney Failure			3 days
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Diabetes Mellitus			Poss. 2 months duration
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)			AUTOPSY (YES OR NO)
Thrombophlebitis, Rt. Leg; Chr. Cystitis; with acute exacerbation			19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b. No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH
21a. DECEASED FROM	Aug. 17, 1970 TO Nov. 8, 1970	21c. Nov. 8, 1970	21d. Didnot
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		22b.	22c. 9:10 P.M.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. T. J. Bentley, D.O.		23b. [Signature]	23c. 11/9/70
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
23d. 4 E. Harrison St.,		Farmington, Mo.	63640
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. BURIAL	24b. HILLVIEW CEMETARY	24c. FARMINGTON, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. Nov. 10, 1970	24e. COZEAN FUNERAL HOME 217 W. COLUMBIA FARMINGTON		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. C. H. Cozean	25b. Esther Mathews	25c. Nov. 9, 1970 Mo.	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

NOV 19 1970

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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 C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Springer Va

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.