PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 5494

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2169

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 42 yrs — IN ARIZONA: 79 yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Doctors Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona — B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 901 E. Sheridan
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): William — B. (MIDDLE): Bamsley — C. (LAST): Welker
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 3 — DAY: 6 — YEAR: 1874
8. AGE (IN YEARS LAST BIRTHDAY): 88 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Salesman
9B. KIND OF BUSINESS OR INDUSTRY: Automobiles
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Idaho
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no — (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Adam Welker
14B. BIRTHPLACE (STATE OR COUNTRY): Idaho
15A. MOTHER'S MAIDEN NAME: Agnes Dock
15B. BIRTHPLACE (STATE OR COUNTRY): Scotland
16. INFORMANT'S SIGNATURE — ADDRESS: V. M. Welker 2224 E. Pinchot
17. DATE OF DEATH — (MONTH): June — (DAY): 6 — (YEAR): 1962

CAUSE OF DEATH (ITEM 18)

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18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — 25 years
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION

6812

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 1954 TO June 1962 THAT I LAST SAW THE DECEASED ALIVE ON 5 June 62 AND THAT DEATH OCCURRED AT 1:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Charles H. Tarney M.D.
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 7 June 62

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6-8-62
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 6/7/62
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen
27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: L. M. Mortensen
28B. EMBALMER'S CERT. NO.: 261A

FORM VS-2 REV. 8-9-60 - 25M