

FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

26

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marion Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marion Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR Lohman, Mo. 1</u>		d. STREET ADDRESS (If rural, give location) <u>RR Lohman, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u> b. (Middle) <u>Welsh</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 15, 1876</u>
9. AGE (Years last birthday) <u>73</u> (Months) <u>7</u> (Days) <u>15</u>		10. KIND OF BUSINESS OR INDUSTRY _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Martins Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Welsh</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martin Brouder</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES (b) <u>Cerebral Hemorrhage Eyes</u> DUE TO (c) <u>Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4/2 X</u>	
21a. ACCIDENT SUICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>July 9, 1949</u> to <u>July 10, 1949</u> , that I last saw the deceased alive on <u>July 10, 1949</u> , and that death occurred at <u>8:40 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Osborn M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>7/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12, 1949</u>	24c. NAME OF CEMETERY OR _____ <u>St. Martins</u>	24d. LOCATION (City, town, or county) (State) <u>St. Martins Mo</u>
DATE REC'D BY LOCAL REG. <u>July 12</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie</u>	70	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wittmeyer Sylvester Dille J.C. Mo</u>

RECEIVED JUL 20 1949  
District Health Officer No. 9,  
District File Number

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 \_\_\_\_\_

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

Student \_\_\_\_\_  
Student Embalmer

Signed *Sylvester Quille*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, T*

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 this body is not embalmed, fact should be so stated above.