

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43975

State File No. _____
Registrar's No. 9

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silay</u>	
c. LENGTH OF STAY (In this place) <u>13 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE JANE MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print) <u>Laurinda</u>	a. (First)	b. (Middle)	c. (Last) <u>WELCH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 17 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT 21-1874</u>	9. AGE (In years last birthday) <u>83</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William SHUCK</u>	13b. MOTHER'S MAIDEN NAME <u>MAISSIA BROOKING</u>	14. NAME OF HUSBAND OR WIFE <u>Hugh H. WELCH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Bickel</u>	ADDRESS <u>26 E. Lexington Meadows St. Lenoir, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bilob</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>4222</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensi</u>		
	DUE TO (c) <u>Chronic myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic congestive heart failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>pulm</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT - SUICIDE - HOMICIDE (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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1949, to Dec 17, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 3:25 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Freeman M.D.</u>	(Degree or title)	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>12-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mill Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>NE. Silay Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-1-51</u>	REGISTRAR'S SIGNATURE <u>Hoyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Drummond</u>	ADDRESS <u>Silay Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1090
250

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 17 1951

RECEIVED

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.

Signed: _____

W. R. Trueman

Signed.....

Student Embalmer

Licensed Embalmer No. 2251

P. O. Address Liberty

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.

W. R. Trueman