.S. No. 300
EV. 10.48

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FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8006

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 2020 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 1 week.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. John's Washington "Rural"
d. STREET ADDRESS (If rural, give location): R. #1 East. 0360 1

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur b. (Middle): Joseph c. (Last): Wellenkamp

4. DATE OF DEATH (Month) April (Day) 5th, (Year) 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Mar. 19th, 1870
9. AGE (In years last birthday): 81 — If under 1 year: Months 0, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Clerk.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (State or foreign country): Washington, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Wellenkamp.
13b. MOTHER'S MAIDEN NAME: Catherine Menkhaus.
14. NAME OF HUSBAND OR WIFE: x

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Octavia Bagby ADDRESS: Washington, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General infirmities of old age — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid arthritis, severe — 15 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 525 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 47, *to* 5 Apr, 19 51, *that I last saw the deceased alive on* 5 Apr, 19 51, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Raymond J. Brogo, M.D. 0 (Degree or title)
23b. ADDRESS: Washington, Mo.
23c. DATE SIGNED: 6 Apr 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Apr. 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery,
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: April 7, 1951
REGISTRAR'S SIGNATURE: L. C. Hedmann Hula C. Hedmann sign. 99
25. FUNERAL DIRECTOR'S SIGNATURE: Aubura + Vitt Inc ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 9 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....
JUN 23 1952

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 P. C. Meburg

Licensed Embalmer No. 2387

P. O. Address Washington, Mo.

Signed .....
Student Embalmer

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.