

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32284

State File No.

FILED OCT 5 1951

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. K1124 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kelso</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street</u>		d. STREET ADDRESS (If rural, give location) <u>No Street</u>	

3. NAME OF DECEASED (Type or Print) <u>JOSEPHINE WELTER</u>			4. DATE OF DEATH <u>September 7, 1951</u>		
a. (First)		b. (Middle)		c. (Last)	

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>November 10, 1868</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Henry Pfefferkorn</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Fohr</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob Welter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martin Welter</u> ADDRESS <u>Kelso, Missouri</u>	
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Mitral Stenosis & Regurgitation</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Sept. 8, 1950, to Sept. 7, 1951, that I last saw the deceased alive on Sept. 16, 1951, and that death occurred at 12:45 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. P. Brogan, D.O.</u>	23b. ADDRESS <u>Benton, Missouri</u>	23c. DATE SIGNED <u>Sept. 8, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kelso, Missouri</u>
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DATE REC'D. BY LOCAL REG. <u>9-18-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Walters Funeral Home Cape Girardeau, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 1 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1051-2

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.....
Student Embalmer

Signed *Virgil E. Kelch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Girardeau, Mo*.....

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.