

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32476**

REC'D NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **4020** Registrar's No. **165**

3040

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg	c. LENGTH OF STAY (in this place) 58 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsburg	1340
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address		d. STREET ADDRESS (If rural, give location) no street address	

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) - c. (Last) SANDBOTHE			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 10 Days 7	IF UNDER 24 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Richfounten, Osage Cty, Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Welschmeyer	13b. MOTHER'S MAIDEN NAME Elizabeth Dill	14. NAME OF HUSBAND OR WIFE Joseph Sandbothe
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Joseph Sandbothe	ADDRESS Martinsburg
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		20 yrs
	DUE TO (b) _____		
	DUE TO (c) _____		
	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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1940**, 19__ to **Oct 26, 1951**, that I last saw the deceased alive on **Oct 26, 1951** and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Willis H. Walker M.D.	23b. ADDRESS Wells Hill, Mo.	23c. DATE SIGNED Oct 30, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/31/51	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Martinsburg, Audrain Mo.
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DATE REC'D BY LOCAL REG. Oct 31-1951	REGISTRAR'S SIGNATURE Blanche Keely	25. FUNERAL DIRECTOR'S SIGNATURE W B Hill	ADDRESS Hellsville Mo
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