

FILED MAY 31 1952

STANDARD CERTIFICATE OF DEATH

State File No. 19061

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>6112</u>		Registrar's No. <u>18</u>	
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>RURAL KELSO TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>1 MON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL KELSO TOWNSHIP. 1000</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>R. F. D. #1 CHAFFEE</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 CHAFFEE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>WELTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12 1952</u>				
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. 16 1870</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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 _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JACOB WESTERTICH</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE STEINMETZ</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY WELTER</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 <u>MRS THEON GLASTETTER</u> ADDRESS <u>CHAFFEE, MO.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>	
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) <u>4222</u>			
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>May 7</u> , 19 <u>52</u> , to <u>May 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>52</u> , and that death occurred at <u>7:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Illmo, Mo.</u>		23c. DATE SIGNED <u>May 14 52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 15 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. LAWRENCE</u>		24d. LOCATION (City, town, or county) (State) <u>NEW HAMBURG MO.</u>		
DATE REC'D BY LOCAL REG. <u>May 24-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>ORAN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-52
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 552-154

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Earl J. Smith
Licensed Embalmer No. 2676

P. O. Address Over 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.