S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1930

FILED JAN 13 1953

BIRTH NO. REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 4

1 PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City 0581
d. STREET ADDRESS (If rural, give location) 409 - 7th St. 0

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) c. (Last) Welch

4. DATE OF DEATH (Month) (Day) (Year) January 8, 1953

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Jan. 12-1872
9. AGE (In years last birthday) 80 | If under 1 year: Months 11 Days 26 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and State or Foreign Country) Marion, La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Lawrence
13b. MOTHER'S MAIDEN NAME Jane Key
14. NAME OF HUSBAND OR WIFE ✓

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 Mrs. R. Erb ADDRESS Crystal City, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 9 mos plus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive heart disease — 2 yrs plus

DUE TO (c) Essential hypertension — 5 yrs (?)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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* Sept. 29, 1952, *to* Jan. 8, 1953, *that I last saw the deceased alive on* Jan. 7, 1953, *and that death occurred at* 12:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE John T. Rutledge (Degree or title) M. D.
23b. ADDRESS Crystal City, Mo.
23c. DATE SIGNED 1-8-53.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-11-53
24c. NAME OF CEMETERY OR CREMATORY Weldon
24d. LOCATION (City, town, or county) (State) Bernice, La.

DATE REC'D BY LOCAL REG. 1-8-53
REGISTRAR'S SIGNATURE Gentry R. Politte
25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Politte ADDRESS Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JAN 30 1953

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 Gentry R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.