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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014345
STATE FILE NUMBER

FILED APR 23 1959 Registration District No. 273 Primary Registration District No. Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Central Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pine Lawn Nur. Hme. — Length of stay in 1b: 1 Wk.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Perry
c. CITY OR TOWN: Perryville 0790 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rte. #6 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Lawrence Middle: E. Last: Welty
4. DATE OF DEATH: Month 4 Day 8 Year 59
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 9-27-1897
9. AGE (In years on last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Perry County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James H. Welty
13b. MOTHER'S MAIDEN NAME: Emma Warren
14. NAME OF HUSBAND OR WIFE: Burnettie Welty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-18-5050
17. INFORMANT: LeRoy Welty — Address: 624 Ann, Perryville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma Intestine
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Operated
DUE TO (c): Mitral incompetency

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 1539

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1949 to 4-8-59 and last saw her/him alive on 4-8-59
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O M Wiedman (Degree or title): Do 2
22b. ADDRESS: Perryvll
22c. DATE SIGNED: 4/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-11-59
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county) (State): Perryville, Mo.

24. FUNERAL DIRECTOR: Young & Son — ADDRESS: Perryville Mo
25. DATE RECD. BY LOCAL REG.: 4-11-59
26. REGISTRAR'S SIGNATURE: Joe J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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APR 23 1959

JUN 4 1959

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 .....
Signature of Student Embalmer

Signed. Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.