

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42187

State File No. ....

100000

BIRTH NO. 330 REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 117A Registrar's No. 25

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) <u>RURAL, KENSO TWP</u>		c. LENGTH OF STAY (In this place) <u>DRIVING</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ANCELL</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES SOUTH OF KAMO, MO</u>			d. STREET ADDRESS <u>(If rural, give location)</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>JOHN</u> c. (Last) <u>WELTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 27 1948</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 31, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR REPAIRMAN (R.R.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>NEAR KENSO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>PETER WELTER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISA DIEBOLD</u>		14. NAME OF HUSBAND OR WIFE <u>MRS REGINA ESSLER WELTER</u>	
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. <u>703-01-5667</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Regina Welter Ansell, 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, asthenia, etc. It means the disease, injury, or complication which caused death. <u>MU</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Died without medical attendance</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Died without medical attendance</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. J. ... Registrar</u>			23b. ADDRESS <u>...</u>		23c. DATE SIGNED <u>12-28-48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 30, 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST AUGUSTINE'S CEM, KENSO</u>	24d. LOCATION (City, town, or county) (State) <u>KENSO, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-28-1948</u>		REGISTRAR'S SIGNATURE <u>H. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>... Funeral Home, Mo.</u>	

MAY 16 1949

MAY 7 1953

RECEIVED

District Health Office No. 2

District File Number 149-18

Date Filed 1-4-49

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 Oliver Camick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.