S. No. 300
v. 10.48

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5190

State File No. 18881

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. ~~3011~~ Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural R.F.D. #1
c. LENGTH OF STAY (in this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Farm R.F.D. #15

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dewitt
d. STREET ADDRESS (If rural, give location): Missouri

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Earnest
c. (Last): Weltner

4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Aug. 8, 1875
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Merchandise Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Merchandise
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Weltner
13b. MOTHER'S MAIDEN NAME: Catherine Baker
14. NAME OF HUSBAND OR WIFE: Maud Beall Weltner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Ellis Weltener. (Dewitt Mo.)

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.
592X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1947, *to* June 13, 1949, *that I last saw the deceased alive on* June 1, 1949, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm H Platz MD. U
23b. ADDRESS: Carrollton, Mo
23c. DATE SIGNED: 6/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-49
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Dewitt Mo.

DATE REC'D BY LOCAL REG.: 6/15/49
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Marshall F. Home (Carrollton Mo)

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 17

District Health Officer No. 8,

District File Number.....

Date Filed 6-17-49

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 Wm. P. Koch, Student Embalmer No. 242, working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

Signed.....
Student Embalmer

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.