

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24190**

FILED AUG 1 1949

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818** Registrar's No. **29**

769

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) / OR TOWN Rural Moreau Tw'nship		c. CITY (If outside corporate limits, write RURAL and give township) / OR TOWN Rural Moreau Tw'nship	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 5 Mi. East Versailles		d. STREET ADDRESS (If rural, give location) 5 Mi. East Versailles, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Wm	b. (Middle) Rudolph	c. (Last) Welpman	4. DATE OF DEATH (Month) (Day) (Year) July 21, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 25	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rinefield Germany 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fredrick Welpman	13b. MOTHER'S MAIDEN NAME Ressat Whippleman	14. NAME OF HUSBAND OR WIFE Christina Welpman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Christina Welpman ADDRESS Versailles, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus		18 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation DUE TO (c) Arteriosclerotic Heart Disease		6-7 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4300	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **July, 1948**, to **July 21, 1949**, that I last saw the deceased alive on **July 21, 1949**, and that death occurred at **3:25 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis D. Curtner MD	23b. ADDRESS Versailles, Missouri	23c. DATE SIGNED July 23, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24-49	24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	24d. LOCATION (City, town, or county) (State) Stover, Mo.
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DATE REC'D BY LOCAL REG. July 25-1949	REGISTRAR'S SIGNATURE J. L. Washburn	25. FUNERAL DIRECTOR'S SIGNATURE J. F. Kull ADDRESS Versailles, Mo.
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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 Gene H. Bartram

Licensed Embalmer No. 4021

P. O. Address Verdickes, 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.