No. 300
10-48

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5810

BIRTH NO. [illegible] REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 2.

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville Mo
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): Pleasant View Home.

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

Feb. 19 1950

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

4. DATE OF DEATH (Month) (Day) (Year): ~~About 1872~~

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: About 1872
9. AGE (In years last birthday): About 76 — 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:
11. BIRTHPLACE (State or foreign country): Howard Co. Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Welch
13b. MOTHER'S MAIDEN NAME: Dont Know
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: Lawrence Welch — ADDRESS: HigbeeMo

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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 mon.

ANTECEDENT CAUSES

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

DUE TO (b) asthenia [illegible] — D.K.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* none — 4221

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
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 3, 19 50, *to* Feb 19, 19 50, *that I last saw the deceased alive on* Feb 19, 19 50, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R V Doeyer (Degree or title) MD
23b. ADDRESS: Huntsville Mo.
23c. DATE SIGNED: 2/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 21 1950
24c. NAME OF CEMETERY OR CREMATORY: Colored
24d. LOCATION (City, town, or county) (State): Higbee Mo

DATE REC'D BY LOCAL REG.: 2/24/1950
REGISTRAR'S SIGNATURE: Ford L. A. Barnhart
25. FUNERAL DIRECTOR'S SIGNATURE: Burton Funeral Home — ADDRESS: Higbee Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 2 7 19
District Health Officer No.
District File Number 2-37-
Date Filed FEB 2 7 19

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 Ell Freemouth

Licensed Embalmer No. 3978

P. O. Address Glasgow, M

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.