No. 300
10.48

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

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1967
State File No.

BIRTH NO. REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ludlow
c. LENGTH OF STAY (In this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ludlow city limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingsto
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ludlow 1590
d. STREET ADDRESS (If rural, give location): Ludlow city limits

3. NAME OF DECEASED (Type or Print)
a. (First): MAUDE
b. (Middle): E.
c. (Last): WELKER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, '52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 4, 1875
9. AGE (In years last birthday): 77 | 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): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: housekeeping
11. BIRTHPLACE (State or foreign country): Ray Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jonah Osburn
13b. MOTHER'S MAIDEN NAME: Margaret Jane
14. NAME OF HUSBAND OR WIFE: Gilbert Welker

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.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pauline Keplgy
ADDRESS: Calif.

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): Carcinoma of Liver
INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): not known
DUE TO (c): not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1561
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* Sept 1, 1951, *to* Jan 30, 1952, *that I last saw the deceased alive on* Jan 30, 1952, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo Morse (Degree or title) MD
23b. ADDRESS: Ludlow Mo
23c. DATE SIGNED: Feb 4, 52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 1 '52
24c. NAME OF CEMETERY OR CREMATORY: Evergreen cemetery
24d. LOCATION (City, town, or county) (State): Braymer, Mo.

DATE REC'D BY LOCAL REG.: Feb. 6 1952
REGISTRAR'S SIGNATURE: Gertie L. Ewing 175-1
25. FUNERAL DIRECTOR'S SIGNATURE: Ernest Michael
ADDRESS: Braymer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Embalmer~~

Signed Genob, Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.