ealth, Welfare ublic Service

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Doctor, coroner, etc. must-use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2109

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stover — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Forrest St. — Length of stay in 1b: 54 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Stover — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Forrest St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Henry Middle: Kasper Last: Welpman

4. DATE OF DEATH Month Day Year: Jan. 19, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 16, 1876
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 9 Days 6 Hours Min.
IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co-Owner Hatchery
10b. KIND OF BUSINESS OR INDUSTRY: Fish Hatchery
11. BIRTHPLACE (City and state or country): Wassenburg, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Welpman
14. MOTHER'S MAIDEN NAME: Wilhemina Brand

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.: 493-38-4306
17. INFORMANT Address: Georgia Welpman, Stover, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): with Congestive Failure — 1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 19, 1958, to Jan. 19, 1958 and last saw him alive on Jan 19, 1958
Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Curtis Kauffman, MD (Degree or title)
22b. ADDRESS: Versailles, Mo.
22c. DATE SIGNED: Jan 20, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 21, 1958
23c. NAME OF CEMETERY OR CREMATORY: Stover Cemetery
23d. LOCATION (City, town, or county) (State): Stover, Mo.

24. FUNERAL DIRECTOR: J. L. Levinson — ADDRESS: Stover Mo.
25. DATE RECD. BY LOCAL REG.: Jan 25/1958
26. REGISTRAR'S SIGNATURE: Wm. L. Rippeger

(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 er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..407

P. O. Address..Stover,..M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

(Licensed Embalmer's Statement on Reverse Side)