

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25954**

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **246**

1. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bothwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 Weeks 5 Days**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Myrtle Walkup Paul** **400**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elmer Paul** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Oct. 28 1891**
(Month) (Day) (Year)

8. AGE: Years **48** Months **9** Days **2** If less than one day
hr. min.

9. Birthplace **Windsor Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER

12. Name **William Douglas Walkup**
 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Martha Jane Dahn**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer Paul**
 (b) Address **Sedalia Mo 128 So. Park**

17. (a) **Burial** (b) Date thereof **Aug. 1/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mem/ Park**
 18. (a) Signature of funeral director **Gillespie Funeral Home**
Sedalia, Mo.

(b) Address **8-8-40**
 19. (a) **Mrs. Harry Sneed** (Registrar's signature)
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
 (d) Street No. **128 South Park**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**
 year **1940** hour **9** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **July 1**
1940 to **July 30**, 19**40**,
 that I last saw her alive on **July 30**, 19**40**,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction**
heart

Due to **Coronary artery disease**

Due to **50**

Other conditions **General arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **Coronary artery disease**
 Of operations **None**

Of autopsy **None made**

Duration
2000
1000
1000
1000

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
 (b) Date of occurrence **None**
 (c) Where did injury occur? **None**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
None
 (Specify type of place) (e) Means of injury **None**

23. Signature **Chambers** (M. D. or other)
 Address **Sedalia Mo** Date signed **8/1/40**

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

0
f
L

11-10-39
5-17-39
I X21492

REC'D AUG 21 1940

M=H

RECEIVED
District Health Officer No. 8,
District File Number 8-9-40
Date Filed

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Geo. D. Bellard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, above space should be left blank.