

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7965**

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bourbon, Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>R. # 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		c. (Last) <u>Walsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 18, 1898</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe-fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>		11. BIRTHPLACE (State or foreign country) <u>New York City, N. Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Walsh</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Dacey</u>		14. NAME OF HUSBAND OR WIFE <u>Irene Walsh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-07-4412</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Walsh</u> ADDRESS <u>Bourbon, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>420</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Min.)		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 <u>March 13</u> , 19 <u>49</u> , to <u>March 13, 1949</u> , that I last saw the deceased alive on <u>Mar 13</u> , 19 <u>49</u> , and that death occurred at <u>3:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. de la Torre</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>Mar. 15, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 16, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-16-49</u>		REGISTRAR'S SIGNATURE <u>Ed Bratter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. H. Walker</u>		ADDRESS <u>Sullivan, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 22 1949

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 Edgar W. Sullivan
Licensed Embalmer No. 3394

P. O. Address Sullivan, 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.