

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9469

State File No.

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 95	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission)			
a. COUNTY Pettis		b. CITY (If outside corporate limits write RURAL and give township) Sedalia		a. STATE Mo		b. COUNTY Pettis	
c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits write RURAL and give township) Sedalia		d. STREET ADDRESS 313 E. Jefferson		b. COUNTY Pettis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 319 E. Jefferson				d. STREET ADDRESS 313 E. Jefferson			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) Eli La		b. (Middle) Walters		c. (Last) Walters		d. DATE OF DEATH (Month) (Day) (Year) 3-18-1949	
5. SEX 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-1-1866	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montgomery Ala	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Robinson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Thomas Walters	
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 Mrs Carrie Stewellen			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 10 Days	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia					
*This does not mean the mode of dying, such as heart failure, asthenia; etc. It means the disease, injury, or complication which caused death.		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.				491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 3-8-1949, to 3-18-1949, that I last saw the deceased alive on 3-12-1949, and that death occurred at 6:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arnold E. Houser M.D.				23b. ADDRESS 111 W 4 Sedalia Mo		23c. DATE SIGNED 3-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-1949		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Annex		24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo	
DATE REC'D BY LOCAL REG. 3-21-1949		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE A.D. Ferguson		ADDRESS Sedalia Mo	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-20-49

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.

Signed _____

F. D. Ferguson

Signed _____
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.