

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. 11509

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

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>5116</u>		Registrar's No. <u>25</u>							
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u>		c. LENGTH OF STAY (In this place) <u>5 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u> " <u>Bourbon</u> "									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R R #1</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. 1</u>									
3. NAME OF DECEASED a. (First) <u>Minnie</u> (Type or Print)			b. (Middle) <u>Cora</u>		c. (Last) <u>Walters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 13 1869</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>15</u>		11. UNDER 1 WEEK Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>			
13a. FATHER'S NAME <u>David Walters</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Grimm</u>				14. NAME OF HUSBAND OR WIFE <u>Single</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie W. Schultz Sturgeon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emyplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>10:30 a.m.</u>		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>Apr 10</u> , 19 <u>49</u> , to <u>Apr 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr 10</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>W. M. Lewis M.D.</u> (Degree or title)								23b. ADDRESS <u>Sturgeon Mo</u>				23c. DATE SIGNED <u>Apr 19 49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>May 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Maud McBridge</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carr Fayette, Mo</u>							

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 10 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not.} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette Mo.

Signed _____
Student Embalmer

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.

[Handwritten signature]