

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11717

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 157

14
1
2

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

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Missouri</i> b. COUNTY <i>PULASKI</i>	
b. CITY OR TOWN <i>Fulton</i>	c. LENGTH OF STAY (in this place) <i>29 months</i>	c. CITY OR TOWN <i>Waynesville</i> <i>85</i> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp Fulton</i>		d. STREET ADDRESS (If rural, give location) <i>0</i> <i>1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Etta</i> b. (Middle) _____ c. (Last) <i>Walters</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 6 1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-22-1875</i>		9. AGE (In years last birthday) <i>73</i> Months <i>9</i> Days <i>14</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>D. K. 1</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>

13a. FATHER'S NAME <i>Fred Fisher</i>	13b. MOTHER'S MAIDEN NAME <i>Emma Woods</i>	14. NAME OF HUSBAND OR WIFE <i>Oscar Walters</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>State Hosp Fulton</i> ADDRESS <i>Roads Fulton</i>
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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		INTERVAL BETWEEN ONSET AND DEATH <i>450()</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senile Mental Deterioration</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> 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 <i>none</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 *5-5*, 19*49*, to *5-6*, 19*49*, that I last saw the deceased alive on *5-5*, 19*49*, and that death occurred at *11:42A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>M.G. Miller</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>State Hospital Fulton</i>	23c. DATE SIGNED <i>5-6-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>11 May 49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City - Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Humeston Iowa</i>
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DATE REC'D BY LOCAL REG. <i>May 7-1949</i>	REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	426	25. FUNERAL DIRECTOR'S SIGNATURE <i>Keith M Keys</i> ADDRESS <i>Eldon Mo</i>
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Date Filed MAY 11 1949

District File Number

District Health Officer No. 9

RECEIVED

MAY 12 1949

JUL 24 1952

MAY 10 1951

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 Richard M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.