

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12184

State File No.

FILED MAY 3 1949

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5504 Registrar's No. 107

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Creek Twp.</u>		c. LENGTH OF STAY (In this place) <u>all life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosehill Twp.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>Rural Blairstown</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Benjamin</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Wall</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>April 26, 1949</u>
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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>April 13, 1886</u>	9. AGE (In years last birthday) <u>63</u>	10 UNDER 1 YEAR Months <u>X</u> Days <u>13</u>	11 UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Johnson Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adrin Wall</u>	13b. MOTHER'S MAIDEN NAME <u>Miltida C. Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Wall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Wall, Blairstown, Mo.</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Drowning</u> DUE TO (c) <u></u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>		

19a. DATE OF OPERATION	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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1 mi S. Murine, Henry Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>4-26-49 11:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Boat turned over while fishing</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Walker, M.D., Dist. Commr</u>	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>4-27-48</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wall Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Near Blairstown, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-29-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Boat</u>	ADDRESS <u>Chilhowee</u>
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RECEIVED

District Health Officer No.

District File Number 4494

Date Filed 5-2-49

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 _____

J. W. Cook

Signed _____
Student Embalmer

Licensed Embalmer No. 4335

P. O. Address Chilhowee

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.