FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20157

State File No.

BIRTH NO. REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Lincoln County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural ; Monroe Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tocoma,
d. STREET ADDRESS (If rural, give location): 1614 S. Adams

999
45
02

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): R.
c. (Last): WALTZ.

4. DATE OF DEATH (Month) (Day) (Year): July 2,1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 30 1890
9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 8 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired; Colonel U.S.Army
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Williamsport, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William Waltz
13b. MOTHER'S MAIDEN NAME: Mary Randall
14. NAME OF HUSBAND OR WIFE: Martha E. Waltz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. I & II
16. SOCIAL SECURITY NO.: Serial No. 93700
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: J.D.Marsh.435 Westgate Ave;University City

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis

ANTECEDENT CAUSES

Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH: 420 1

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.): N. of Winfield Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): North Winfield, Lincoln Mo.
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* _____ *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 9:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Andrew Elliott, Coroner
23b. ADDRESS: Troy, Mo.
23c. DATE SIGNED: 7/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Arlington Cem
24d. LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 7-2-49
REGISTRAR'S SIGNATURE: O. S. Neunhof
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R.Lupton & Sons; 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 9 1949
District Health Officer No. 9,
District File Number

JUL 14 1949

MAR 15 1954

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 Clarence H. Murray

Licensed Embalmer No. 1011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tocoma,
d. STREET ADDRESS (If rural, give location): 1614 S. Adams

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) RANDALL ~~-R.~~ c. (Last) WALTZ.
4. DATE OF DEATH (Month) (Day) (Year): July 2, 1949
5. SEX: Male
6. COLOR OR RACE: White
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8. DATE OF BIRTH: Oct 30 1890
9. AGE (In years last birthday): 58 If under 1 year: Months 8 Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired; Colonel U.S. Army
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Williamsport, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Hurr Waltz ~~-William---Waltz-~~
13b. MOTHER'S MAIDEN NAME: Josephine Amelia Randall ~~Mary Randall~~
14. NAME OF HUSBAND OR WIFE: Martha E. Waltz,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes If yes, give war or dates: W.W. I & II
16. SOCIAL SECURITY NO.: Serial No. ~~[illegible]~~ 03700
17. INFORMANT'S SIGNATURE OR NAME: I.D.Marsh ~~J.D.Marsh~~ ADDRESS: 435 Westgate Ave;University City

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

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19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N. of Winfield Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): North Winfield Lincoln Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: [illegible] (Degree or title)
23b. ADDRESS: Troy Mo.
23c. DATE SIGNED: 7/2/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery ~~Arlington Cem~~
24d. LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 7-2-49
REGISTRAR'S SIGNATURE: O. S. Neunb[illegible]
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C.R.Lupton & Sons; 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD
Items #3, 13a, 13b, 14, & 24c corr. by aff. from Informant - 8-8-80

8-8-80