

FILED NOV 14 1949

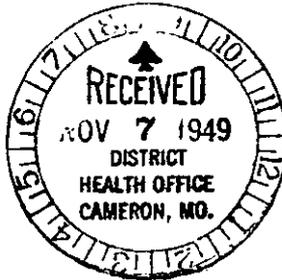
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34429**

BIRTH NO.		REG. DIST. NO. 210	PRIMARY REG. DIST. NO. 5776	Registrar's No. 68
1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) Washington Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Washington Twp.		
c. LENGTH OF STAY (in this place) 30 Yrs.		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) Floyd DeForest b. (Middle) Walker c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 5, 1869	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS* OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Maple Grove, Mich.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Franklin Walker		13b. MOTHER'S MAIDEN NAME Sarah Baldwin	14. NAME OF HUSBAND OR WIFE Rettie Boyd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Frank Walker Princeton, Mo. ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemic Coma		INTERVAL BETWEEN ONSET AND DEATH 3 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular-renal Disease with special reference to the degree of kidney involvement.		20 yrs
		DUE TO (c) Cerebral softening		4 1/2
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None		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) (Min)	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 Oct 21, 1949 , to Oct 25th, 1949 , that I last saw the deceased alive on Oct. 25, 1949 , and that death occurred at 9:40 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE W.S. Bristow M.D. (Degree or title)		23b. ADDRESS Bristow Bldg, Princeton, Mo. // 349		23c. Not signed
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-27-49	24c. NAME OF CEMETERY OR CREMATORY Pine Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.	
DATE REC'D BY LOCAL REG. 11-5-49	REGISTRAR'S SIGNATURE M. J. Ruth	25. FUNERAL DIRECTOR'S SIGNATURE 393 ADDRESS Martin Funeral Home, Princeton, Mo.		

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

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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 _____

Vern Y Miller
working under my personal supervision.

Student Embalmer No. *304*

Signed *Vern Y Miller*
Student Embalmer

Signed *John Martin*

Licensed Embalmer No. *3760*

P. O. Address *Director 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.