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FILED JAN 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42187

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4457 Registrar's No. 55

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

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lowry City
c. LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola (Rural) 93
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Ellen
c. (Last): Walters

4. DATE OF DEATH (Month) (Day) (Year): II/9/1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/15/~~49~~ 1859
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 8, Days 24 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Jacob Driver
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Leroy Walters Deceased

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.:
17. INFORMANT'S SIGNATURE OR NAME: John Walters Lowry City Mo.
ADDRESS:

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): Old age Aortic Insufficiency
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Insufficiency
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: 4211

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.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
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* June, 1949, *to* Oct 6, 1949, *that I last saw the deceased alive on* Oct 6, 1949, *and that death occurred at* 1:10 A *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C S Stratton Mn
23b. ADDRESS: Lowry City
23c. DATE SIGNED: Nov 10 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: November 10, 49
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Mound
24d. LOCATION (City, town, or county) (State): N.E. Osceola Missouri

DATE REC'D BY LOCAL REG.: Dec 30-49
REGISTRAR'S SIGNATURE: Ruth Sievers 288
25. FUNERAL DIRECTOR'S SIGNATURE: F B Goodrich
ADDRESS: Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-49-15
Date Filed 1-3-50

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 F B Broderick

Signed _____
Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Queen Th

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

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