

FILED FEB 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4664

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5504 Registrar's No. 51

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>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural; Big Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural; Big Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles N.E. of Norris, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 miles N.E. of Norris Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arminta</u>	b. (Middle)	c. (Last) <u>Walrath</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Feb</u> <u>20</u> <u>1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7, 1857</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>	IF UNDER 4 HRS. 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>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Lowry City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>(unknown) Reading</u>	13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sherman Hood</u>	ADDRESS <u>RFD Chilhowee, Mo.</u>
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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 <u>1 hour</u>  <u>10 yrs</u>  <u>4 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1948, to Feb. 20, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Powell, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Clinton Mo</u>	23c. DATE SIGNED <u>2/21/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>Feb. 22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 21-50</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Williams</u>	ADDRESS <u>Clinton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 1-50-12

Date Filed 2-27-38

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 [Signature]

Licensed Embalmer No. 45-70

P. O. Address Clinton, 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.