

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5174

195
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BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give town) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Lawton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		d. STREET ADDRESS (If rural, give location) 7 Mi. West Carl Junction, Mo.	
3. NAME OF DECEASED a. (First) John W. b. (Middle) Walt c. (Last) Walt			4. DATE OF DEATH (Month) (Day) (Year) 1-30-50
5. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-23-1858
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR 0	IF UNDER 1 YEAR 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (State or foreign country) Lexington, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME No Record	
13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Louie Walt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Louie Walt, Wife
17. ADDRESS Lawton, Ks.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Disease	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) Lawton Cherokee Kansas	
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?		22. I hereby certify that I attended the deceased from 12-14, 1949 to 1-30, 1950 that I last saw the deceased alive on 1-30, 1950 and that death occurred at 6:45 Pm. from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Charles S. Davis M.D.		23b. ADDRESS 400 Main Helena, Ks	
23c. DATE SIGNED 1-30-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-2-1950		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	
24d. LOCATION (City, town, or county) (State) Carl Junction, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE by Dale H. ...	
DATE REC'D BY LOCAL REG. 2-4-50		ADDRESS Carl Junction, Mo.	

RECEIVED 2-14-50

Jasper County Health Office

County File Number 50-1-101

Date Filed 3-11-50

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.

Student
Student Embalmer

Signed *Blayne M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *West City, 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.