

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9519**

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 356

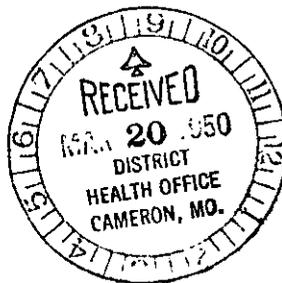
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give town) Marceline		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		c. CITY (If outside corporate limits, write RURAL and give township) Marceline,	
		d. STREET ADDRESS (If rural, give location) 306 N. Kansas.	
3. NAME OF DECEASED (Type or Print) a. (First) Don		b. (Middle) Olliver	
		c. (Last) Walsworth	
		4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1950	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 21, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker		10b. KIND OF BUSINESS OR INDUSTRY retired banker	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Fontanelle, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oliver D. Walsworth		13b. MOTHER'S MAIDEN NAME Lisk	14. NAME OF HUSBAND OR WIFE Julia Walsworth
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. 205-16-7049	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Don O. Walsworth Marceline, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary sclerosis		1 mo.	
DUE TO (c)		1 1/2 mo	
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"/>			
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 <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 <u>Sept 25, 1947</u> , to <u>Feb 5, 1950</u> , that I last saw the deceased alive on <u>Feb 1, 1950</u> , and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Philip A. Ottman, M.D. (Degree or title)		23b. ADDRESS Marceline, Mo.	
		23c. DATE SIGNED 2/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Feb 7, 1950	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope, Cemetry		24d. LOCATION (City, town, or county) (State) Greenfield, Iowa.	
DATE REC'D BY LOCAL REG. 2/6/50		REGISTRAR'S SIGNATURE Mary Jane Owens 401	
FURNERAL DIRECTOR'S SIGNATURE James M. Daughlin		ADDRESS Marceline, Mo.	

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

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cham (Licensed Embalmer's Statement on Reverse Side)



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 Francis Lee Schabuy

Licensed Embalmer No. 4513

P. O. Address Marceline, 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.