

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9675

State File No. _____

| | | | | | | | |
|--|--|---|--|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>218</u> | | PRIMARY REG. DIST. NO. <u>5789</u> | | Registrar's No. <u>10</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Twp.</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - St. James Twp.</u> | | d. STREET ADDRESS (If rural, give location) <u>4 mi. S. W. of East Prairie</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. S. W. of East Prairie</u> | | | | d. STREET ADDRESS (If rural, give location) <u>4 mi. S. W. of East Prairie</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDY</u> b. (Middle) <u>CLARENCE</u> c. (Last) <u>WALTERS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1950</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>Dec. 14, 1933</u> | |
| 9. AGE (In years last birthday) <u>16</u> | | 10. MONTHS <u>1</u> | | 11. BIRTHPLACE (State or foreign country) <u>Anniston, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | |
| 13a. FATHER'S NAME <u>Syrus H. Walters</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Julia Weakley</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Syrus H. Walters - East Prairie, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Last seen near where body was found.</u> | | | | | Interval between onset and death |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Last seen near where body was found.</u> | | | | | Interval between onset and death |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>was found.</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u> | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>East Prairie (Miss) Mo</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-14-1950</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Unknown</u> | | 21g. <u>89241</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>As Prisoner Duty</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John F. Annemie J. Braden</u> | | | | 23b. ADDRESS <u>Charlton Mo.</u> | | 23c. DATE SIGNED <u>3-7-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar. 4, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u> | | 24d. LOCATION (City, town, or county) (State) <u>Miss. Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>3-20-1950</u> | | REGISTRAR'S SIGNATURE <u>Anna Harper, Deputy</u> | | 197 | | 25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Shelby, East Prairie</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

MAR 21 1950
RECEIVED
RECL

Miss. Co. Health Dept.
County File No. _____
Date Filed MAR 24 1950

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 _____

Norris Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.