

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27777

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS		
b. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		c. LENGTH OF STAY (in this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) SEDALIA		
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSPITAL			d. STREET ADDRESS (If rural, give location) 718 E. BROADWAY		

3. NAME OF DECEASED (Type or Print) a. (First) MATHA b. (Middle) ANN c. (Last) WALKER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pettis Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Slaughter		13b. MOTHER'S MAIDEN NAME Hannah Hathoway		14. NAME OF HUSBAND OR WIFE Henry Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Alma Adams, Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease			
		DUE TO (c) —			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —			6! 25) 1
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) —		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 Aug 13, 1950, to Aug 14, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 5 p m., from the causes and on the date stated above.

23a. SIGNATURE N. R. Edwards M.D. (Degree or title)		23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED Aug 15, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo	
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DATE REC'D BY LOCAL REG. Aug 16-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Sedalia, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED *8/21/50*
DISTRICT HEALTH OFFICE No. _____
District File Number _____
Date Filed *8/21/50*

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 *Dw Beckart* _____

Licensed Embalmer No. *34170* _____

P. O. Address *Sedalia, 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.