

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5128**
Registrar's No. **28**

3490

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

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		c. LENGTH OF STAY (in this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba		0493
d. FULL NAME OF HOSPITAL OR INSTITUTION ---- Alba, Missouri			d. STREET ADDRESS (If rural, give location) ---- Alba, Missouri		
3. NAME OF DECEASED (Type or Print) ALICE	a. (First)	b. (Middle) LEORA	c. (Last) WALTMAN	4. DATE OF DEATH (Month) (Day) (Year) Feb 10, 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 7, 1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) near Green Bay, Wisc.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Sigel S. Everhart		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Peter Waltman		
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Peter Waltman, Box 221, Alba, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Churia, Toxic	ANTECEDENT CAUSES				3 days
DUE TO (b) Gangrene of feet	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				4 mos
DUE TO (c) Diabetes mellitus	II. OTHER SIGNIFICANT CONDITIONS				10 yrs
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 <u>2-10</u> , 19 <u>50</u> , to <u>2-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-9</u> , 19 <u>51</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert H. Berry DO		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 2-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-12-51	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar, Mo		
DATE REC'D BY LOCAL REG. Feb 12-51	REGISTRAR'S SIGNATURE J.L. Galt	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.		

RECEIVED 2/20/51
Jasper County Health Office

County File Number 51-2-139

Date Filed 2/20/51

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 Frank W. Keel

Licensed Embalmer No. 4440

P. O. Address Carthage

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.