

No. 100
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

State File No. 7140

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 504

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat River</u> <u>0942</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Pine Crest Nursing Home</u>		d. STREET ADDRESS (If legal, give location) <u>15 Stone St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>C.</u> c. (Last) <u>Wooten</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 10, 1870</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u></u>	11. DAYS <u></u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Don't know (Invalid)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>MUMFORD - MO. TENN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Turner</u>	14. NAME OF HUSBAND OR WIFE <u>MR GRACE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>415-18-6843A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>PATRICIA McCoy</u>	ADDRESS <u>15 Stone St. Flat River</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u>		
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 2-13, 1951, to 2-24, 1951, that I last saw the deceased alive on 2-24, 1951, and that death occurred at 10:58 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. N. Jansen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Manchester Mo.</u>	23c. DATE SIGNED <u>2-24-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/26/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/24/51</u>	REGISTRAR'S SIGNATURE <u>Hubert C. Tomlin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Waldwell</u>	ADDRESS <u>Flat River, Mo.</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Geo. Schrader

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.