

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21987**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **49**

061

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

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>LAMAR</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>IRWIN</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMO RIAL HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>VERDA</b>		b. (Middle) <b>O.</b>	
c. (Last) <b>WALTERS</b>		DATE OF DEATH (Month) (Day) (Year) <b>JUN 27 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 10 1878</b>
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>LAMAR, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>			
13a. FATHER'S NAME <b>ARPENUS FOSTER</b>		13b. MOTHER'S MAIDEN NAME <b>NANNIE ODNEAL</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES A. WALTERS</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>XXX</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CHARLES A. WALTERS, IRWIN, MISSOURI</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal occlusion operating</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
ANTECEDENT CAUSES (b) <b>Abdominal hernia</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>5615</b>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION <b>June 26th</b>	19b. MAJOR FINDINGS OF OPERATION <b>Intestinal occlusion</b>		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) <b>LAMAR Barton Mo.</b>	
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 <b>June 26 1951</b> , to <b>June 27, 1951</b> , that I last saw the deceased alive on <b>June 27, 1951</b> , and that death occurred at <b>4:25 a. m.</b> , from the cause and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D.R. Guldner M.D.</b>		23b. ADDRESS <b>LAMAR Mo.</b>	23c. DATE SIGNED <b>6-27-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>JUN 29 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NIGH CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LAMAR, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>JUN 29 1951</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</b>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 5 1951

Dist. File

22-1-1324

Date Filed

2-13-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*Frank W. Denton*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.