

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 36873

0361

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Sullivan</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MO -</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Walsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 27, 1876</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John R. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>C.P. Walsh</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 <u>C.P. Walsh</u>		ADDRESS <u>Sullivan, Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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. <u>---</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>Frank</u>	
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
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>	

22. I hereby certify that I attended the deceased from Nov 13, 1951, to Nov 14, 1951, that I last saw the deceased alive on Nov 14, 1951, and that death occurred at 3:56 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Amiel F. Anderson M.D.</u>		(Degree or title)		23b. ADDRESS <u>Sullivan Mo.</u>		23c. DATE SIGNED <u>Nov 14</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Schmidt Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-16-51</u>		REGISTRAR'S SIGNATURE <u>C.H. Ranta</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Shaffer</u>		ADDRESS <u>Sullivan Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 20 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.