

FILED DEC 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38055**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **159**

597
1

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe	
c. LENGTH OF STAY (in this place) 62 yrs		d. STREET ADDRESS (If rural, give location) 25 Asher Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 Asher Street			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) Clark c. (Last) Ralls			4. DATE OF DEATH (Month) (Day) (Year) December 1, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 8, 1899		9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salvage Yard Owner	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Livingston County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME James Ralls			
13b. MOTHER'S MAIDEN NAME Josephine Harris		14. NAME OF HUSBAND OR WIFE Isabelle Thompson			
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 Mrs. W.C. Ralls; Chillicothe, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH none	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) (Min.)		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 **Oct 24**, 19**50**, to _____, 19____, that I last saw the deceased alive on **9-12**, 19**51**, and that death occurred at **5⁰⁰A.** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Dale (Degree or title) MD		23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED 12-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4--51		24c. NAME OF CEMETERY OR CREMATORY Edgewood	
24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri					

DATE REC'D BY LOCAL REG. 12-4-51		REGISTRAR'S SIGNATURE Frances B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton A. A. A.

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.