

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7833**

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **5303** Registrar's No. **97**

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

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-Jefferson Twship</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Jefferson Twship</b>	
c. LENGTH OF STAY (in this place) <b>60yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R.R.#3, Jefferson City, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R/R/H St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b> b. (Middle) <b>None</b> c. (Last) <b>Walther</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 9 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</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>Home</b>		8. DATE OF BIRTH <b>June-21-1861</b>	
				9. AGE (In years last birthday) <b>90</b>	
				11. BIRTHPLACE (State or foreign country) <b>Cole County, Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John W. Meyer</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Barbara Stroessner</b>		14. NAME OF HUSBAND OR WIFE <b>John J. Walther</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emil Walther, R.R.#3, Jefferson City</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarction</b>		II. OTHER SIGNIFICANT CONDITIONS			<b>10 hrs</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.		ANTECEDENT CAUSES			<b>30 yrs</b>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Generalized arteriosclerosis</b>			
		DUE TO (c) <b>unknown cause</b>			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>4201</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) _____		
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 **4-8, 1952**, to **4-9, 1952**, that I last saw the deceased alive on **4-9, 1952**, and that death occurred at **3:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold C. Stueben MD</b>		23b. ADDRESS <b>Jefferson City, Mo</b>		23c. DATE SIGNED <b>4-9-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>April 10-1952</b>		REGISTRAR'S SIGNATURE <b>R.P. Harris MD-MR</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Harold J. Gordin</b>		ADDRESS <b>Jefferson City, Mo</b>	
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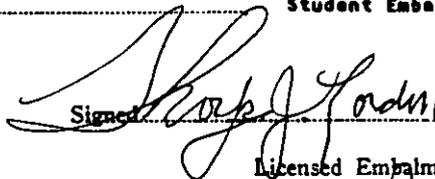
**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.