

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23335**
Registrar's No. **435**

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4497**

1. PLACE OF DEATH a. COUNTY Shelby county		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) Clarence, Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, Rural 2 Mi. N.	
c. LENGTH OF STAY (In this place) 15 Yrs.		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) ELIZABETH	c. (Last) WALTER	4. DATE OF DEATH (Month) (Day) (Year) 6-11-1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-11-1886	9. AGE (In years last birthday) 66	if UNDER 1 YEAR Days 5	if UNDER 12 Hrs. Hours 0	if UNDER 12 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House hold	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Zanesville, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wash Flowers	13b. MOTHER'S MAIDEN NAME Nancey Hull	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Robert Walter, Clarence, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Valvular Heart disease		years	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 260X
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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? _____
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22. I hereby certify that I attended the deceased from **May, 1951** to **9 June, 1952**, that I last saw the deceased alive on **9 June, 1952** and that death occurred at **8:05P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Donald E Eggleston MD (Degree or title)	23b. ADDRESS Macon, Mo.	23c. DATE SIGNED 16 June 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-15-1952	24c. NAME OF CEMETERY OR CREMATORY Beth Elham Cmty	24d. LOCATION (City, town, or county) (State) Macon, Co. Mo.
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DATE REC'D BY LOCAL REG. 6-19-52	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Barkdeew-Hawkins ADDRESS Shelbina, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

W. H. Hawkins

Signed.....

Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address.....

St. Albans, Me.

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.