

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23599

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 5100 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Merwin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Merwin	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Katie b. (Middle) Sue c. (Last) Walters			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-5-1868		9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Providence, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Johnson	13b. MOTHER'S MAIDEN NAME Elizabeth Hutchison	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mabel Harris ADDRESS Amsterdam, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Endocarditis DUE TO (c) Streptococcal sore throat & Rheumatism of young age		INTERVAL BETWEEN ONSET AND DEATH 12 days 3 years
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) (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 **August 8, 1952 to July 30, 1952**, that I last saw the deceased alive on **July 30, 1952**, and that death occurred at **5:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Schuster D.O.	23b. ADDRESS Amaret, Missouri	23c. DATE SIGNED 7-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-1-52	24c. NAME OF CEMETERY OR CREMATORY Westpoint Cemetery	24d. LOCATION (City, town, or county) (State) Bates Co. Mo.
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DATE REC'D BY LOCAL REG. 7-30-52	REGISTRAR'S SIGNATURE L. H. Mengold	25. FUNERAL DIRECTOR'S SIGNATURE Archer + Mangold ADDRESS Amsterdam, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

L. A. Mangold

Licensed Embalmer No. 2610

P. O. Address Amsterdam, 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.