

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33915

State File No. _____

1952 OCT 15 1952

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6101 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Scotland.</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland.</u>	
b. CITY OR TOWN <u>Rural Harrison Mo.</u>		c. CITY OR TOWN <u>Harrison</u> 0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural</u> 0	

3. NAME OF DECEASED (Type or Print) <u>Lova Ellen Walter Walter</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>11</u> (Year) <u>52</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 11, 1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>	IF UNDER 12 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Reuben M. Goodwin</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Goodwin</u>		14. NAME OF HUSBAND OR WIFE <u>Howard</u>	
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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) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellis Walter Gorin</u> ADDRESS <u>Mo.</u>	
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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) <u>Cardiovascular Renal Syndrome</u>		DUE TO (b) <u>apoplexy</u>				8 hrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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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)	
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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 Oct. 10, 1952, to Oct 10, 1952, that I last saw the deceased alive on Oct 10, 1952, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. G. M. Simler D.O.</u>		23b. ADDRESS <u>Gorin, Mo.</u>		23c. DATE SIGNED <u>Oct 11, 1952</u>	
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24a. BURIAL, CREMATION (Specify) <u>Burial</u>		24b. DATE <u>10-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Franklin City</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin City, Frank Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 13-52</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter's Removal Home</u>		ADDRESS <u>W. S. Kelly</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0990
10-48
No. 300

AUG 15 1950

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 Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edina, Minn.

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.