

FILED OCT 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35584

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 961

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Laclede					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 24 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		d. STREET ADDRESS (If rural, give location) Smith Acres			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Johns Hosp.									
3. NAME OF DECEASED (Type or Print) Walter			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Oct. 12 1953			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 13 1870		9. AGE (In years last birthday) 83		
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker Retired		10b. KIND OF BUSINESS OR INDUSTRY Banker		11. BIRTHPLACE (State or foreign country) Sedalia Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Geo. T. Aycock		13b. MOTHER'S MAIDEN NAME Mary L. Buchanan		14. NAME OF HUSBAND OR WIFE Mamie Demuth Aycock			
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. 444-12-2599		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. J. Aycock		ADDRESS Lebanon Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH about 4 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"/>		4200			
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 9-2, 1952, to 10-12, 1953, that I last saw the deceased alive on 10-12, 1953, and that death occurred at 2:30 pm, from the causes and on the date stated above.									
23a. SIGNATURE Homer Marshall, M.D.				(Degree or title) Professional Bldg.		23b. ADDRESS Lebanon Mo.		23c. DATE SIGNED 10-13-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13 1953		24c. NAME OF CEMETERY OR CREMATORY Lebanon		24d. LOCATION (City, town, or county) (State) Lebanon Mo.			
DATE REC'D BY LOCAL REG. 10-14-53		REGISTRAR'S SIGNATURE E. W. Williamson		25. FUNERAL DIRECTOR'S SIGNATURE Palmer		ADDRESS Lebanon Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MS APR 29 1984

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.....

S. P. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 220A

P. O. Address Lebanon 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.