

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2010**

FILED JAN 18 1954

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>191</u> | | PRIMARY REG. DIST. NO. <u>5701</u> | | Registrar's No. <u>2</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Utica</u> | | c. LENGTH OF STAY (In this place) <u>43 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Utica</u> | | d. STREET ADDRESS (If rural, give location) <u>no street address</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no street address</u> | | | | d. STREET ADDRESS (If rural, give location) <u>no street address</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>M.</u> c. (Last) <u>Walz</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12 1954</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Aug. 10, 1861</u> | |
| 9. AGE (In years last birthday) <u>92</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (ret)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (ret)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jacob Walz</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u> | | | 14. NAME OF HUSBAND OR WIFE <u>XXX</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>XX</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Walz-Utica, Mo.</u> | | ADDRESS _____ | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic interstitial nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>?</u> DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Prostatic hypertrophy</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ | | 21f. HOW DID INJURY OCCUR? _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Jan 15, 1954</u> to <u>Jan 12, 1954</u> , that I last saw the deceased alive on <u>Jan 11, 1954</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>J. W. Carpenter M.D.</u> | | | 23b. ADDRESS <u>Chillicothe, Mo.</u> | | | 23c. DATE SIGNED <u>1-13-1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Jan 14 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Utica cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Utica, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 14 1954</u> | | REGISTRAR'S SIGNATURE <u>175</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ronald Gordon Chillicothe Mo</u> | | | |

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

(Increased Embelmer's Statement on Reverse Side)

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 Manuel Gordon

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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.