

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7531

State File No.

FILED FEB 26 1954

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4512 Registrar's No. 16

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u> | c. LENGTH OF STAY (In this place) <u>3 days</u> | c. CITY OR TOWN <u>Branson</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shaggs Comm. Hosp</u> | | e. STREET ADDRESS (If rural give location) <u>P.O. Box 1060</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Waltz</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-54</u> |
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| 5. SEX <u>MO</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Aug 15 - 1872</u> | 9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>John Waltz</u> | 13b. MOTHER'S MAIDEN NAME <u>Barbara Raucholes-Devaud</u> | 14. NAME OF HUSBAND OR WIFE |
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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>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Leo Waltz</u> ADDRESS <u>Branson MO</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>4 hrs</u> <u>4 hrs</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) m. | 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 7/16, 1902, to 2/10, 1954, that I last saw the deceased alive on 2/10, 1954, and that death occurred at 9 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Aspyth MO</u> | 23c. DATE SIGNED <u>2-13-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>2-16-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u> |
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| DATE REC'D BY LOCAL REG. <u>2-16-54</u> | REGISTRAR'S SIGNATURE <u>J E Loggins 376</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whelchel</u> ADDRESS <u>Branson MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 26 1954

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.....
Signature of Student Embalmer

Signed *Miriam J. Kshelchek*.....

Licensed Embalmer No. *227*

P. O. Address *Bismarck*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**