

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12481**

500
4

BIRTH NO. **FILED MAY 3 1954** REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595** Registrar's No. **34**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY JEFFERSON	b. CITY (If outside corporate limits, write RURAL and give town or township) ROCK TOWNSHIP	a. STATE MO	b. COUNTY WASHINGTON
c. LENGTH OF STAY (In this place) 3 MONTH		c. CITY (If outside corporate limits, write RURAL and give township) RURAL WALTON TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION FOUR OAKS NURSING		d. STREET ADDRESS (If rural, give location) NEAR POTOSI	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) KATHERINE	b. (Middle) EUNICE	c. (Last) WALTER	(Month) APR	(Day) 16	(Year) 1954

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 3, 1898	9. AGE (In years if under 1 year last birthday) Months Days Hours Min. 55	
--------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and State or Foreign Country) POTOSI MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME THOMAS CAGE	13b. MOTHER'S MAIDEN NAME LOUISE HUSKEY	14. NAME OF HUSBAND OR WIFE AUGUST WALTERS
---	--	---

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 AUGUST WALTERS SHIRLY ROUTE	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) Medically certified POTOSI MO <i>Senescent arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Primary uterus</i>		
	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) <i>Hammond Jefferson Mo</i>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOME <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	-----------------------------------

22. I hereby certify that I attended the deceased from *MAY 5, 1954* **to** *4-16, 1954* **that I last saw the deceased alive on** *4/16/54* **and that death occurred at** *6:30* **m., from the causes and on the date stated above.**

23a. SIGNATURE <i>O Reich MD</i>	23b. ADDRESS <i>Imperial, Mo</i>	23c. DATE SIGNED <i>4/17/54</i>
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 18 1954	24c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEMETERY	24d. LOCATION (City, town, or county) HILLSBORO MO
---	---	--	---

DATE REC'D BY LOCAL REG. <i>Apr 24-54</i>	REGISTRAR'S SIGNATURE <i>Ruth Jirsa</i>	25. FUNERAL DIRECTOR'S SIGNATURE DONNELL B. DEUTRICH DE SOTO MO	ADDRESS
---	---	--	----------------

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 28 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
Student Embalmer

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address De Soto

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.