

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 12 1954

REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 48

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| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2 miles West Hy.</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Olen</u> | | a. (First) <u>O</u> b. (Middle) <u>Walters</u> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 54</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>April-6-1880</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR: Months <u>2</u> Days <u>8</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cowgill, Mo. Ray, County</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Jackson Walters</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna M. Slough</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillian Walters</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> | | 16. SOCIAL SECURITY NO. <u>493-18-0151</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Walters, Cowgill, Mo.</u> ADDRESS | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic cardiac decompensation</u> <u>Generalized arteriosclerosis and</u> DUE TO (c) <u>cardio-vascular-renal disease</u> | | | <u>6 wks</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal hemorrhage</u> | | | <u>unknown</u> |
| 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) |
| 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? |

22. I hereby certify that I attended the deceased from May 16, 1954, to June 14, 1954, that I last saw the deceased alive on June 14, 1954, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

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|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>R. K. Johnson MD</u> (Degree or title) | 23b. ADDRESS <u>Richmond Mo.</u> | 23c. DATE SIGNED <u>6/15/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>6-16-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>6-20-54</u> | REGISTRAR'S SIGNATURE <u>Wm. E. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark, Kingston, Mo.</u> ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.