

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22794

State File No.

FILED AUG 9 - 1954

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 302 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Albany</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Lainhart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1954</u>
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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>Jan. 8-1892</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>62</u> <u>6</u> <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State Cream Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Alexander Lainhart</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cox</u>	14. NAME OF HUSBAND OR WIFE <u>Flo Peters Lainhart</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>499-32-4009</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Lainhart, Albany, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>48 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c)		<u>15 yrs</u>
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-25, 1950, to 8-2, 1954, that I last saw the deceased alive on 8-2, 1954, and that death occurred at 2:40 P., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Proyer M.D.</u> (Degree or title)	23b. ADDRESS <u>Bethany Mo.</u>	23c. DATE SIGNED <u>8/5/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	24d. LOCATION (City; town, or county) (State) <u>Albany Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-7/54</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Brown</u> ADDRESS <u>Albany Mo</u>
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No. 300
10-48
0411
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 17 1954

MAY 17 1956

AUG 12 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert E. Brooker

Licensed Embalmer No.

3329

P. O. Address

Albany 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.