

FILED DEC 13 1954

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38179

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marionville</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY OR TOWN <u>Parnell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>8740</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Judy</u>			b. (Middle) <u>Louise</u>			c. (Last) <u>Walch</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>12-1-1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>5-27-1951</u>	
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 28 HRS. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marionville - Mo.</u>			12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Wm. Walch</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Louise Stiens</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Walch - Parnell - Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Contusion severe</u></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121</u> <u>3</u>							
		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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Parnell Nodaway MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 7 54 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ran over by tractor</u>					
22. I hereby certify that I attended the deceased from <u>12/1</u> , 1954, to <u>12/1</u> , 1954, that I last saw the deceased alive on <u>12/1</u> , 1954, and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B. K. Dyland</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marionville MO</u>		23c. DATE SIGNED <u>12/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-3-1954</u>		24c. NAME OF CEMETERY OR CREMATOR <u>St. Joseph Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Parnell - Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-8-54</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Atchison</u>		ADDRESS <u>Marionville Mo</u>			

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 *G M Etchison*.....

Licensed Embalmer No. *2279*.....

P. O. Address *Monroeville Pa*.....

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.