

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BAERNUM
State File No. 40759

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 1556 Registrar's No. 56

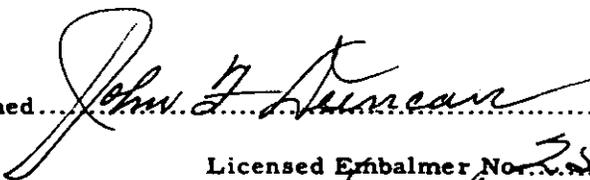
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|--|---|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> | | |
| b. CITY OR TOWN <u>Mtn. View</u> | | c. LENGTH OF STAY (in this place) <u>11 yrs.</u> | c. CITY OR TOWN <u>Mtn. View</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>S - Public Hosp</u> | | | e. STREET ADDRESS (If rural, give location) <u>R. # 2</u> 0466 0 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>WALTZ</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12 - 1954</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>JAN. 27 - 1873</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Williamsport PENN.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>JOHN WALTZ</u> | | 13b. MOTHER'S MAIDEN NAME <u>RASANYA ENTZ</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Cloe Hatfield Mtn View, Mo.</u> | | | |
| 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4341</u> | | | 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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>54</u> , to <u>Jan</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>54</u> , and that death occurred <u>2:30A.</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Stoney Baernum D.O.</u> | | | 23b. ADDRESS <u>Mountain View</u> | | 23c. DATE SIGNED <u>12-22-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u> | 24b. DATE <u>12-14-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | 24d. LOCATION (City, town, or county) (State) <u>Mtn. View, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>12/30/54</u> | REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> 126 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DUNCAN'S Mtn. View, Mo.</u> | | |

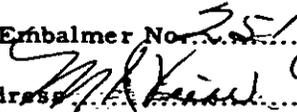
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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..... 

Licensed Embalmer No. 351
P. O. Address..... 

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.