

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2110

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 6

FILED JAN 16 1955

FILED JAN 18 1955

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Missouri Rural</u>	
d. STREET ADDRESS (If rural, give location) <u>Rural.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u>		b. (Middle) <u>Franklin</u>	
c. (Last) <u>Walters</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1955</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>sept. 13, 1883</u>
9. AGE (In years last birthday) <u>71</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crocker, Missouri</u>
13a. FATHER'S NAME <u>William Walters</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Ann RAY</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Kelsay.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Walters</u> ADDRESS <u>Waynesville, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-18-1606</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary artery</u> DUE TO (c) <u>sclerosis</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 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)		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>April 1954</u> to <u>Jan 11, 1955</u> , that I last saw the deceased alive on <u>Jan 10</u> , and that death occurred at <u>7:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R E Müsser</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Waynesville, Missouri</u>	
23c. DATE SIGNED <u>1/12/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 13/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-12-55</u>		REGISTRAR'S SIGNATURE <u>Caula Mae Anderson</u> 458	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges</u>		ADDRESS <u>Richland Mo</u>	
25. FUNERAL HOME <u>Hedges Funeral Home</u> <u>Waynesville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-18-55
Pulaski County Health Officer
File Number 1-15-55
Date Filed 1-15-55

FEB 1 1955

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

Clarence Jones

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.