

No. 300
10.48

FILED MAR 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7916

400

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 4202		Registrar's No. 40		
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY GRUNDY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPICKARD		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPICKARD		0400		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) LEONARD c. (Last) DEWALT			4. DATE OF DEATH (Month) (Day) (Year) MAR-22-1955					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT-21-1881		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME PETER DEWALT		13b. MOTHER'S MAIDEN NAME HERCELIA FILSON		14. NAME OF HUSBAND OR WIFE ETHEL DEWALT				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PEARL DEWALT SPICKARD MO.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					Few min.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency					Few months		
	DUE TO (c)							
	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					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		4201		
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 Jan 2, 1955, to March 22, 1955, that I last saw the deceased alive on March 6, 1955, and that death occurred at 2:00 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M.D. O.				23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 3-22-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR-24-1955	24c. NAME OF CEMETERY OR CREMATORY WILDS CEM.		24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.			
DATE REC'D BY LOCAL REG. 3/24-55		REGISTRAR'S SIGNATURE Irene Fair 4202		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOLLER FUNERAL HOME SPICKARD MO				

WRITE PLAINLY—USING UNFADING 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
Student Embalmer

Signed *Cross Wise*

Licensed Embalmer No. 3771

P. O. Address Spickard 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.