

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12395

State File No.

FILED MAY 10 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Alba mine (Alba Township))		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. CITY OR TOWN Alba	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) Mineral Twp. 0490	
3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Franklin c. (Last) Waltz		4. DATE OF DEATH (Month) (Day) (Year) 4-22-1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-16-1884
9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Jasper County Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Z.L. Waltz	
13b. MOTHER'S MAIDEN NAME Mary Moon		14. NAME OF HUSBAND OR WIFE Pearl E. Dove	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. no.	
17. INFORMANT'S SIGNATURE OR NAME Pearl E. Waltz		ADDRESS Alba Missouri	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure INTERVAL BETWEEN ONSET AND DEATH 12 hrs ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage 5 yrs DUE TO (c) Hypertension Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis (Ankleosis of Joints) Yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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>2-24</u> ¹⁹ <u>55</u> , to <u>4/22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/21</u> 19 <u>55</u> and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) 2 D.O.		23b. ADDRESS Alba, Mo.	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-1955	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 5-2-55		REGISTRAR'S SIGNATURE <i>[Signature]</i> 4747 D.	
25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home		ADDRESS Carthage, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William S. Centur*.....

Licensed Embalmer No. *48*.....

P. O. Address *Pathway*.....

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.