

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16322

State File No.

FILED MAY 18 1955

BIRTH NO. 31215-55 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (in this place) 45 min.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Osteopathic Hospital		STREET ADDRESS (If rural, give location) 414 Patton Street	
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK		b. (Middle) LYNN	c. (Last) WALTERS
4. DATE OF DEATH (Month) (Day) (Year) May 4, 1955		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH May 4, 1955		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. 45	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10b. KIND OF BUSINESS OR INDUSTRY newborn	
11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Leon Walters		13b. MOTHER'S MAIDEN NAME Delpha Darlene Warren	
14. NAME OF HUSBAND OR WIFE none		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Delpha Darlene Walters, Moberly, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Erythroblastosis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Erythroblastosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7700	
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 May 4, 1955 , to May 4, 1955 , that I last saw the deceased alive on May 4, 1955 , and that death occurred at 10:15P.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. H. McCormick D.O.		23b. ADDRESS 300 1/2 Reed St. Moberly, Mo.	
23c. DATE SIGNED 5-5-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-5-55		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	
24d. LOCATION (City, town, or county) (State) Moberly, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mahan and Son Moberly Mo	
DATE REC'D BY LOCAL REG. 5-5-55		REGISTRAR'S SIGNATURE Loane R. Coone	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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. *Nat Leontalman*

Student.....
Signature of Student Embalmer

Signed..... *Frank D. DeWitt*

Licensed Embalmer No. *302*

P. O. Address *Shobey*

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.