

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5069 State File No. **21028**

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Arkansas</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Lamar Twp 3</u>)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Witter</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi S Jot. 71-160. Highway</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <u>1/2 Miles south of Witter</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>	b. (Middle) <u>SYLVESTER</u>	c. (Last) <u>METZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5, 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1894</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Constr.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Benjamin Metz</u>	13b. MOTHER'S MAIDEN NAME <u>Jennette Cord</u>	14. NAME OF HUSBAND/ OR WIFE <u>Emma Metz</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>511-03-7530</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. S. Metz</u> ADDRESS <u>Witter, Arkansas</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest & internal injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car collision with 71 South 1/2 160-1 road</u>		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>into South 1/2 71 1/2 160</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lamar Barton MO</u>
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? <u>006</u>

22. I hereby certify that I attended the deceased from 18, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas H. Chiles</u> (Degree or title) <u>Coroner 3</u>	23b. ADDRESS <u>Lamar MO</u>	23c. DATE SIGNED <u>Aug 6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 9 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>AUG 6 - 1955</u>	REGISTRAR'S SIGNATURE <u>Marie Konarski</u>	14-2	FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home,</u> ADDRESS <u>Lamar, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1958

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 *Clarence W. Cole*.....

Licensed Embalmer No. *347*.....

P. O. Address *Emma St*.....

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.