

FILED JUL 25 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 21548

BIRTH NO. _____		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 4132		Registrar's No. 61			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holt</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY OR TOWN <u>Holt</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>6005</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>James</u> c. (Last) <u>Walters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 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>Aug 29 1905</u>			
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. 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>Gen. Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Holt Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Walters</u>			13b. MOTHER'S MAIDEN NAME <u>P. E. Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Crystal</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minerva Elizabeth Lawrence</u>			ADDRESS <u>Holt</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction - probable</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		Unknown.			
				DUE TO (c) <u>4200</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 _____				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>July 15, 1955</u> , to <u>July 15, 1955</u> , that I last saw the deceased alive on <u>D.O.A.</u> , 19 <u>55</u> , and that death occurred at <u>approx 4:00 pm</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William L Cox M.D.</u>				23b. ADDRESS <u>101 West Kansas St. Liberty, Mo.</u>		23c. DATE SIGNED <u>7/16/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem. Kearney Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>July 18, 1955</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>		ADDRESS <u>Kearney Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300  
0. 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..

Student.....  
Signature of Student Embalmer

Signed *C. H. Wise*

Licensed Embalmer No. *257*

P. O. Address *Smithy*

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.