

FILED JUL 26 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 22955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 36

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Monteau		b. CITY (If outside corporate limits, write RURAL and give town or township) California		c. LENGTH OF STAY (In this place) 1 1/2 m.		a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town or township) California		c. LENGTH OF STAY (In this place) 1 1/2 m.		c. CITY OR TOWN		b. COUNTY Monteau	
d. FULL NAME OF HOSPITAL OR INSTITUTION Latham Sanatorium				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) FRED		b. (Middle) L		c. (Last) WALTER		4. DATE OF DEATH (Month) (Day) (Year) July 7 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH June 10, 1870	
9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months 0 Days 27		11. BIRTHPLACE (City and State or Foreign Country) Canton, Penn., Switzerland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (City and State or Foreign Country) Canton, Penn., Switzerland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Wath		13b. MOTHER'S MAIDEN NAME Elizabeth Warty		14. NAME OF HUSBAND OR WIFE Malinda Schoenthal			
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 Leonard Walter			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis				2 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221		DUE TO (c)				10 years	
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) 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 Feb 2 1955, to July 7, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 6:30 p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Keiryon Latham M.D.				23b. ADDRESS California, Mo.		23c. DATE SIGNED 7-8-55	
24a. BURIAL CREMATION, REMOVAL (Specify) burial		24b. DATE July 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Salem Evangelist		24d. LOCATION (City, town, or county) (State) S.W. of Monteau Mo.	
DATE REC'D BY LOCAL REG. 7/19/55		REGISTRAR'S SIGNATURE H. K. Pape		25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson			
				ADDRESS California			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

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.