

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28850

28850

| | | | | | | | |
|---|---|--|--|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> | | Registrar's No. <u>269</u> | |
| 1. PLACE OF DEATH a. COUNTY, <u>Adair</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u> | | 2013 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Com. Nursing Home #3</u> | | | | d. STREET ADDRESS (If rural, give location) <u>W. Porter St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u> | | | b. (Middle) <u>Elizabeth</u> | | c. (Last) <u>Walters</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1955</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 5, 1871</u> | | 9. AGE (In years last birthday) <u>84</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>Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Jack Allen</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Hawkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>David L. Walters</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>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John H. McFarland, Kirkville, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u> | ANTECEDENT CAUSES | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (b) <u>Cardiac arrest</u> | | | | | | |
| | DUE TO (c) <u>Acute cholecystitis</u> <u>585X</u> | | | | | | |
| ii. OTHER SIGNIFICANT CONDITIONS | <u>Arteriosclerosis - Epilepsy (3 yrs.)</u> | | | | | | |
| | <u>Liver Enlargement - Hypertension</u> | | | | | | |
| 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) (Min.) | | 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>June 21, 1955</u> , to <u>September 16, 1955</u> , that I last saw the deceased alive on <u>Sept. 15, 1955</u> , and that death occurred at <u>1 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. William Lee, D.O.</u> | | | | 23b. ADDRESS <u>Kirkville, Mo.</u> | | 23c. DATE SIGNED <u>4/16/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/18/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Indian Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-21-55</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. ...</u> | | ADDRESS <u>Kirkville, Mo.</u> | |

(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.

Student
Student Embalmer

Signed *Kenneth E. Hayes* _____

Licensed Embalmer No. *4890* _____

P. O. Address *Hubbardsville, Mo.* _____

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 this body is not embalmed, fact should be so stated above.