

FILED NOV 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34018**

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 5731		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give town) Rural White Township		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) North West of Ethel 0610			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle)		c. (Last) Life		4. DATE OF DEATH (Month) (Day) (Year) 10-26-55	
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 22 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Life		13b. MOTHER'S MAIDEN NAME Elizabeth Turner		14. NAME OF HUSBAND OR WIFE Minnie Life			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Minnie Life Ethel Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 180X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia generalized debility & Emaciated				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 31 , 1955, to Oct 24 , 1955, that I last saw the deceased alive on Oct 24 , 1955, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George J. [Signature]				23b. ADDRESS 0 Marceline Missouri		23c. DATE SIGNED 10-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 28 1955	24c. NAME OF CEMETERY OR CREMATORY Helton		24d. LOCATION (City, town, or county) (State) Macon County Mo		
DATE REC'D BY LOCAL REG. 11/1/55		REGISTRAR'S SIGNATURE Daphne Hoverton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H.M. & Co. South Gifford Mo			

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

RECEIVED 11-2-55
MACON COUNTY HEALTH DEPARTMENT
County File No. 11-58-176
Date Filed 11-3-55

(2)

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 *W. H. McCallum*

Licensed Embalmer No...2052..

P. O. Address...South Gifford

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.