

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43244**

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4547		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grant City		c. LENGTH OF STAY (In this place) 20 yrs.		c. CITY OR TOWN Grant City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 1630			
3. NAME OF DECEASED a. (First) (Type or Print) Edis		b. (Middle) May		c. (Last) Wall		4. DATE OF DEATH (Month) (Day) (Year) December 16, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1894	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		11. BIRTHPLACE (City and State or Foreign Country) Worth County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Worth County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Ed Keeling		13b. MOTHER'S MAIDEN NAME Millie Hagens		14. NAME OF HUSBAND OR WIFE Dick Wall			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dick Wall - Grant City, Missouri			
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) UREMIA				INTERVAL BETWEEN ONSET AND DEATH 36 hrs.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NEPHROSCLEROSIS				YEARS			
DUE TO (c) ARTERIOSCLEROSIS				YEARS			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANGINA PECTORIS - MYXEDEMA				YEARS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446x		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 DECEMBER, 1954 , to DEC. 16, 1955 , that I last saw the deceased alive on DEC 16, 1955 , and that death occurred at 4:00 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Richard J. Smith M.D.		(Degree or title)		23b. ADDRESS GRANT CITY, MO.		23c. DATE SIGNED 12-17-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-1955		24c. NAME OF CEMETERY OR CREMATORY Honey Groove Cemetery		24d. LOCATION (City, town, or county) (State) Worth County, Missouri	
DATE REC'D BY LOCAL REG. 12-23-1955		REGISTRAR'S SIGNATURE Leta E. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE Bill A. Dunfee		ADDRESS Grant City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Bill A. Dunfee
Licensed Embalmer No. 490

P. O. Address Franklin

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.