No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4469

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 10

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

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): 13 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Culleas Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1029 McPherson 40 ?

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): Lilly
c. (Last): WALK

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2 1956

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed.
8. DATE OF BIRTH: Aug 29, 1879
9. AGE (In years last birthday): 76 — 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): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Mendon, Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Simon Bertschman
13b. MOTHER'S MAIDEN NAME: Hattie Van Pelt
14. NAME OF HUSBAND OR WIFE: George Walk (dec.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: MRS. Marguerite Ward — ADDRESS: Trenton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: About 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Thrombosis — Jan 9 to Feb 2 1956
DUE TO (c):

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: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 9, 1956, *to* Feb 2, 1956, *that I last saw the deceased alive on* Feb 2, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C H Cullers (Degree or title): M.D.
23b. ADDRESS: Trenton, Mo
23c. DATE SIGNED: Feb. 3-1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 4, 1956
24c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cemetery
24d. LOCATION (City, town, or county) (State): Trenton, Mo.

DATE REC'D BY LOCAL REG.: 2-3-56
REGISTRAR'S SIGNATURE: Irene Fair 115-0
25. FUNERAL DIRECTOR'S SIGNATURE: Gordon Blackmore — ADDRESS: Trenton, Mo.

Dr. Cullers

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold L. Roberts

Licensed Embalmer No. 492

P. O. Address Trenton, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.