

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12463**
42 PRIMARY REG. DIST. NO. **1000** Registrar's No. **515**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 515	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 60 years		c. CITY OR TOWN St. Joseph		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 2422 Mary St.				e. STREET ADDRESS (If rural, give location) 2422 Mary St. 01170			
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) BENJAMIN c. (Last) WALTERS			4. DATE OF DEATH (Month) (Day) (Year) May 5, 1956				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 10, 1883		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Shenandoah, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Walters		13b. MOTHER'S MAIDEN NAME Louisa Acton		14. NAME OF HUSBAND OR WIFE Mary Walters			
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. 491-09-1362		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wilda Harvey, 2422 Mary St., St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease unk DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200					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 June, 1955, to May 5, 1956 , that I last saw the deceased alive on May 5, 1956 , and that death occurred at 3:00 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Martin H. Christ, MD				23b. ADDRESS 6106 King Hill Ave., St. Joseph, Missouri		23c. DATE SIGNED 5-8-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/8/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri			
DATE REC'D BY LOCAL REG. May 11, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison			25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard D. Collins*.....

Licensed Embalmer No. *H.S. 319-1032*
P. O. Address *H. Jones*

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