

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22772

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4032 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amsterdam</u>		c. LENGTH OF STAY (in this place) <u>78 yrs.</u>	c. CITY OR TOWN <u>Amsterdam</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>None</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>None</u> <u>0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Dowane</u> c. (Last) <u>Walley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-11-1877</u>	9. AGE (In years last birthday) <u>78</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Amsterdam, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Alvin George Walley</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Huffman</u>		14. NAME OF HUSBAND OR WIFE <u>Edna E. Walley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna E. Walley, Amsterdam, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recurrent Cerebral Hemorrhage</u>			
		ANTECEDENT CAUSES			
		DUE TO (b) _____ 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		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) <u>331x</u>	
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 July 17, 19 56, to July 27, 19 56, that I last saw the deceased alive on July 27, 19 56, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garce A. Hartwell M.D.</u>		23b. ADDRESS <u>Drexel, Missouri</u>		23c. DATE SIGNED <u>7-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Archer & Mangold, Amsterdam, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 29-56</u>		REGISTRAR'S SIGNATURE <u>Harold Horney</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

17

AUG 3
1958

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.....

Robert L. Mangold

Licensed Embalmer No...4972...

P. O. Address.....LaCygne, K

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.