

Health, Welfare, Public Service  
 000-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1956

32230  
 STATE FILE NUMBER  
 Registrar's No. 326

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ELMONT Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1, Length of stay in 1b 38 YRS.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER, JOSIX Henry Jost			4. DATE OF DEATH Month Day Year DEC. 5, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1892
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	11. BIRTHPLACE (City and state or country) UNKNOWN Japan, Missouri USA
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Peter Jost	
14. MOTHER'S MAIDEN NAME Anna Halmich		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT STATE HOSPITAL #1, FULTON, MISSOURI	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.1			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION STATE HOSPITAL #1		20g. COUNTY STATE	
21. X attended the deceased from Feb. 6, 1918 to Dec. 5, 1956 and was his attending physician. Death occurred at 7:30 a.m. on Dec. 5, 1956 at the residence of the deceased.			
22a. SIGNATURE T. D. McCarthy, M.D.		22b. ADDRESS STATE HOSPITAL #1, FULTON, MO.	
22c. DATE SIGNED 12-5-56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/8/56		23c. NAME OF CEMETERY OR CREMATORY Strain Cemetery	
23d. LOCATION (City, town, or county) Strain, Missouri		23e. (State)	
24. FUNERAL DIRECTOR Margaret General Home		25. DATE RECD. BY LOCAL REG. Dec. 8-1956	
26. REGISTRAR'S SIGNATURE Margetta Lawrence			

(Licensed Embalmer's Statement on Reverse Side)

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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 *J. J. Ross*.....

Licensed Embalmer No. *25*.....

P. O. Address *Seattle*.....

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.