

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019236

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 224

S. 300
v. 1-57

300

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sedalia <i>080%</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 5		Length of stay in lb 35 years	d. STREET ADDRESS (If outside, give location) Route 5
3. NAME OF DECEASED (Type or print) First MARY Middle C. Last WALTER		4. DATE OF DEATH Month May Day 11 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 27, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR Own Home	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Jamestown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Kurz		13b. MOTHER'S MAIDEN NAME Elizabeth Theiss	
14. NAME OF HUSBAND OR WIFE John Walter		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. H.H. Nutt, Rt. 5, Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion			3 hours
DUE TO (c) Arteriosclerosis			4201 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Myocardial Infarctions			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		COUNTY	STATE
21. I attended the deceased from Death occurred at May 11, 1958 to May 11, 1958 and last saw her alive on May 11, 1958 at 4:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In case or title) Albert Campbell, MD	
22b. ADDRESS 312 1/2 So. Ohio, Sedalia, Mo.		22c. DATE SIGNED 5-13-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/14/58	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) Sedalia, Missouri		(State)	
24. FUNERAL DIRECTOR Ernest Ewing		ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. May 13, 1958
26. REGISTRAR'S SIGNATURE Frances Shelby By Deputy Betty Johnson			

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 *G. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Sedalia*

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.