

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021336

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

201

300  
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Louisiana b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Lafayette	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		d. STREET ADDRESS (If outside, give location) 204 E Cypress St	
3. NAME OF DECEASED (Type or print) First Middle Last Lois Isabella Walter		4. DATE OF DEATH Month Day Year July 11 1958	
5. SEX Female	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 Apr-21-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Clerk		10b. KIND OF BUSINESS OR INDUSTRY City Gov't	9. AGE (In years last birthday) 59
11. BIRTHPLACE (City and state or country) New Orleans, Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John P. Walter		13b. MOTHER'S MAIDEN NAME Lillian H. Conklin	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Irma Gould, Jefferson City, 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) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>443 X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> 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 <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 <u>July 11-58 3 PM</u> to <u>July 11-58</u> and last saw her alive on <u>July 11-1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. Oszman MD</u>		22b. ADDRESS <u>Jefferson City Mo</u>	22c. DATE SIGNED <u>7-11-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/12/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Morgan City, Louisiana.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thorpe J Gordon, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12 July 1958</u>	26. REGISTRAR'S SIGNATURE <u>R. O. Norris, MD-MR</u>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

Collected by  
arrived 8/5/58

JUL 22 1952

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

Licensed Embalmer No. ....

P. O. Address .....

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.