

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-022480
 State File No.

FILED JUN 16 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Troy		c. LENGTH OF STAY in this place 2 Yrs	c. CITY OR TOWN Troy 0570
d. FULL NAME OF HOSPITAL OR INSTITUTION Troy Nursing Home		e. STREET ADDRESS (If rural, give location) Troy Nursing Home	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) Franklin	
		c. (Last) Walcott	
4. DATE OF DEATH (Month) (Day) (Year) May 29, 1958			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 25, 1884
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm Hand	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri 0
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel J. Walcott		13b. MOTHER'S MAIDEN NAME Ruth Ann Skinner	
		14. NAME OF HUSBAND OR WIFE Sylvia Harding	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Langanecker, Elsberry, 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 Chronic Glomerular Nephritis	
		INTERVAL BETWEEN ONSET AND DEATH 304 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? 2 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) 592 X
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 Nov. 7, 1958 to May 29, 1958 , that I last saw the deceased alive on May 29, 1958 , and that death occurred at 9:00A m., from the causes and on the date stated above.			
23a. SIGNATURE H. L. Kelley		23b. ADDRESS D.O. 2 Troy, Missouri	
		23c. DATE SIGNED 5/30/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/31/58	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Missouri
DATE REC'D BY LOCAL REG. June 9-1958	REGISTRAR'S SIGNATURE Charlotte Leek <i>Deputy</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper-Marsh Funeral Home Troy, Mo.	

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

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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 *Joseph J. Marsh*.....
Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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.