

Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024536  
STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 102

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Butler</b>                    |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Butler</b> <b>00710</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in Missouri, give location)<br>HOSPITAL OR INSTITUTION <b>Butler Hospital</b> |  | Length of stay in 1b<br><b>1 da.</b>   | d. STREET ADDRESS <b>106 S Havana</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>WALTER</b> Middle <b>WILLIS</b> Last <b>LOLLAR</b> |  |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>6</b> Year <b>1958</b> |  |  |
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|                    |                               |   |  |   |
|--------------------|-------------------------------|---|--|---|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 18 1872</b> | 9. AGE (In years last birthday) <b>86</b><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min. |
|--------------------|-------------------------------|---|--|---|

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|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Clinton Co Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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|--|---|--|
| 13a. FATHER'S NAME<br><b>Wm H Lollar</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Harvey</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Elizabeth Lollar</b> |
|--|---|--|

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|--|-------------------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>Elizabeth Lollar-Butler Mo.</b><br>Address |
|--|-------------------------|--|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute pulmonary edema</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>46 hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>left side heart failure</b>            | <b>3 years</b>   |
|   | DUE TO (c) <b>chronic nephritis and hypertension</b> | <b>5 years</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>592 X</b>             |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |

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|---|--|--|
| 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<br>Hour Month, Day, Year<br>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<br><b>Butler Missouri</b> | COUNTY<br><b>Butler Missouri</b> | STATE |
|--|--|--|----------------------------------|-------|

21. I attended the deceased from **Jan. 1953** to **July 5, 1958** and last saw him alive on **July 5-1958**  
Death occurred at **5:05 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |  |                                      |
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| 22a. SIGNATURE<br><b>L. S. Latture M.D.</b><br>(Degree or title) | 22b. ADDRESS<br><b>Butler Missouri</b> | 22c. DATE SIGNED<br><b>July 9/58</b> |
|--|--|--------------------------------------|

|  |                            |   |   |
|--|----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>7/8/58</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakhill cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Butler Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>Culver Underwood-Butler Mo.</b><br>ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>July 9-1958</b> | 26. REGISTRAR'S SIGNATURE<br><b>Randall Kury</b> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

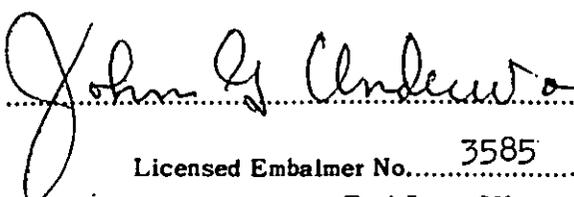
MEDICAL CERTIFICATION

5. 300  
1-57

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. .... 3585

P. O. Address .... Butler 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.