

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039463

STATE FILE NUMBER

81407-58
FILED NOV 24 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 290

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1-57 0

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY /	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN /	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in lb 034 STREET ADDRESS (If outside, give location) /	
3. NAME OF DECEASED (Type or print) First Middle Last Donald Keith Walters		4. DATE OF DEATH Month Day Year Nov. 20, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 18, 1958
9. AGE (In years last birthday) F UNDER 1 YEAR Months Days Hours Min. / / 32.8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Washington Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Donald Walters		13b. MOTHER'S MAIDEN NAME Norma Grace Rice	
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. None	
17. INFORMANT Donald Walters		Address Owensville 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) Bilateral Pulmonary Atelectasis			INTERVAL BETWEEN ONSET AND DEATH 24 hours
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) 7620			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		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 ☐ NOT WHILE WORK ☐		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 11-18-58 to 11-20-58 and last saw him alive on 11-20-58 Death occurred at 7 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Renee Bruner, M.D.		22b. ADDRESS Owensville Mo.	
22c. DATE SIGNED 11-20-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/21/58	
23c. NAME OF CEMETERY OR CREMATORY Rosebud Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) Rosebud Missouri	
24. FUNERAL DIRECTOR Milford H H Winter		ADDRESS OWENSVILLE	
25. DATE RECD. BY LOCAL REG. 11/20/58		26. REGISTRAR'S SIGNATURE J. H. Hudson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. *NO EMBALMING*

Student
Signature of Student Embalmer

Signed *Wilford H H Winter*

Licensed Embalmer No. *3838*

P. O. Address *OWENSVILLE*

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.