Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002188

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 224 Primary Registration District No. ~~3046~~ Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Moniteau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN California, Mo — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rt # 4- Home — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Rt # 4 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Byrd	Middle: Ernest	Last: Walter	4. DATE OF DEATH Month: Jan	Day: 21 Year: 1959
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug 11 1925	9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own Farm	11. BIRTHPLACE (City and state or country): Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: Albert Walter	13b. MOTHER'S MAIDEN NAME: Rosa Statler	14. NAME OF HUSBAND OR WIFE: Shirley G. Walter		
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.: 489-20-1116	17. INFORMANT: Shirley Walter	Address: California Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic alcoholism

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT 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 Jan 21, 1959 to Jan 21, 1959 and last saw ~~her~~ him alive on Jan 18, 1959

Death occurred at 1/10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.O.	22b. ADDRESS: California	22c. DATE SIGNED: 1/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/24/59	23c. NAME OF CEMETERY OR CREMATORY: Evangical Cemetery
23d. LOCATION (City, town, or county) (State): California, Mo		
24. FUNERAL DIRECTOR: Earl Bowlin	ADDRESS: California Mo	25. DATE RECD. BY LOCAL REG.: 1-24-59
26. REGISTRAR'S SIGNATURE: H. L. Popejoy		

(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

FEB 19 1954

VS SEP 28 1960

VS AUG 23 1960

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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, Mo.

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.