

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016458
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 337 Primary Registration District No. Registrar's No. 42

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLARENCE, CLAY TWSHP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CLARENCE 1000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME Length of stay in 1b 17 YRS		d. STREET ADDRESS (If outside, give location) RFD. CLARENCE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last MARY ELIZABETH WALTER			4. DATE OF DEATH Month Day Year APRIL 22 1959
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 MARCH 20, 1942
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) SHELBY COUNTY MO
13a. FATHER'S NAME HERBERT WALTER		13b. MOTHER'S MAIDEN NAME MARIE BANGE	12. CITIZEN OF WHAT COUNTRY? US
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 1708	17. INFORMANT Address HERBERT WALTER CLARENCE 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) ACUTE BRONCHIAL PNEUMONIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) VIRUS INFLUENZA DUE TO (c) 480X			INTERVAL BETWEEN ONSET AND DEATH 2 days 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration due to disease above			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 August 19, 1959 to April 21, 1959 and last saw her alive on April 21, 1959 Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. B.L. Edgington, D.O.		22b. ADDRESS Clarence, Mo.	
22c. DATE SIGNED 4-30-59			
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE 4-25-59	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY	23d. LOCATION (City, town, or county) (State) CLARENCE MO
24. FUNERAL DIRECTOR ADDRESS GREENING CLARENCE MO		25. DATE RECD. BY LOCAL REG. May 6-59	26. REGISTRAR'S SIGNATURE Ade Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

All diseases in Part I must be causally related. Doctor, Chamber, etc. must use only standard nomenclature in Part I. No symptoms were related.

19-0

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 *Charles V. Greene*

Licensed Embalmer No. *4625*
P. O. Address *Lawrence, 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.