

JURI DIVISION-OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007560

FILED VS. MAR 14 1960 274

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 102

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		c. CITY OR TOWN <u>Clifton City</u>	
Length of stay in 1b <u>11 days</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Otterville RFD 2</u>	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John William Walz</u>		4. DATE OF DEATH Month Day Year <u>March 2, 1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>4-13-1887</u>
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cooper Co. Mo</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Andrew Walz</u>		13b. MOTHER'S MAIDEN NAME <u>Louise</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Walz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Ida Walz - Otterville, Mo. R2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage.</u> DUE TO (b) <u>Arteriosclerotic C-V disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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 <u>Feb 1960</u> to <u>March 1960</u> and last saw him alive on <u>2 March 1960</u> Death occurred at <u>3-2-60</u> <u>7:45A</u> am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P. Siegel MD</u> (Name or title)		22b. ADDRESS <u>Smithton MO</u>	
22c. DATE SIGNED <u>2/7/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>	23d. LOCATION (City, town, or county) (State) <u>Clifton City, Mo.</u>
24. FUNERAL DIRECTOR <u>McLaughlin Bros. Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 7-1960</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Steeby</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold A. Tempel

Licensed Embalmer No. 5089

P. O. Address Sedalia, 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.