

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029516

FILED VS SEP 1 1964

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax mo</u>		Length of stay in 1b	c. CITY OR TOWN <u>Rock. Port mo</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Joe</u> Middle <u>H.</u> Last <u>Waltner</u>			4. DATE OF DEATH Month <u>aug</u> Day <u>22</u> Year <u>1960</u>			
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28/1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <u>Geo Waltner</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Barryman</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>496-09-6326</u>	17. (INFORMANT Address) <u>Mrs. David Addington Rockport mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>	DUE TO (b) <u>arteriosclerosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 COUNTY STATE
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21. I attended the deceased from 8/19/60 to 8/22/60 and last saw her ^{her} alive on 8/22/60
Death occurred at 9:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>John M. Wansmaker M.D.</u>	22b. ADDRESS <u>Rock Port, Mo.</u>	22c. DATE SIGNED <u>8/23/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>aug 24/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Joseph mo</u>
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24. FUNERAL DIRECTOR <u>Bestman Funeral Home - Rock. Port mo</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 25, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Marvin N. Schoeler</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Loe Burtram

Licensed Embalmer No. 1764

P. O. Address Rocky Point

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.