

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046736  
STATE FILE NUMBER

FILED VS DEC 19 1960

184 Primary Registration District No. 3038 Registrar's No. 146

DED

1. PLACE OF DEATH a. COUNTY <b>Linn</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Linn</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brookfield</b>		Length of stay in 1b		c. CITY OR TOWN <b>Purdin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Persing Mem. Hoasp</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Gary Wayne Waltz</b>				4. DATE OF DEATH Month Day Year <b>12 9 60</b>				
5. SEX <b>m</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6/7/1950</b>	9. AGE (last birthday) <b>10</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Boy</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Floyd Waltz</b>			13b. MOTHER'S MAIDEN NAME <b>Geraldine L. Hollon</b>			14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT Address <b>Floyd Waltz Purdin</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage, heart &amp; gastro intestinal</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>	
Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Lymphatic leukemia</b>							27 mos.	
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"/> N. <input type="checkbox"/> Unknown		
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 a.m. p.m.		Month, Day, Year						
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
21. I attended the deceased from <b>12-24-55</b> , to _____ and last saw <sup>him</sup> live on <b>12-7-60</b> Death occurred at <b>12-8-60 4:50 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>John R. Dyer M.D.</b> (Degree or title)				22b. ADDRESS <b>Brookfield Mo</b>			22c. DATE SIGNED <b>12-12-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/11/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Purdin</b>		23d. LOCATION (City, town, or county) <b>Purdin Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Wade Funeral Home Browning</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>12-12-60</b>		26. REGISTRAR'S SIGNATURE <b>Katharine Johnson</b>		

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 Gerald I. Wa

Licensed Embalmer No. 417

P. O. Address Purdin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.