

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032420

AMENDED

Registration District No. 112

Primary Registration District No. 4184

Registrar's No. 15

STATE FILE NUMBER

FILED OCT 3 1961

1. PLACE OF DEATH

a. COUNTY

FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

N. DAKOTA

b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

GERALD MO

Length of stay in 1b

30 days

c. CITY

OR TOWN

FAIRGEE

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

SISTERS HOME

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

✓

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

EDWARD H WALTERS

4. DATE OF DEATH

Month

Day

Year

9-23-1961

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-14-1884

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Gerald Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

FRITZ WALTERS

13b. MOTHER'S MAIDEN NAME

SOPHIE GEALING

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Dorothy P. Perry

Address

Gerald 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)

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

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

16 hours

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

Restoration of Post 3-16-61

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 3-4-61 to 9-23-61 and last saw him alive on 9-23-61

Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

7-26-61

23c. NAME OF CEMETERY OR CREMATORY

St Paul

23d. LOCATION (City, town, or county)

Gerald Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ed Meyer

25. DATE RECD. BY LOCAL REG.

Sept 25-1961

26. REGISTRAR'S SIGNATURE

John Charles Tunley

(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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley E. Meyer

Licensed Embalmer No. 4689

P. O. Address _____

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.