

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033440
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 164

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED OCT 3 1961

1. PLACE OF DEATH
a. COUNTY Laclede

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Length of stay in 1b 2 hrs

c. CITY OR TOWN Richland Inside Limits Yes No

d. STREET ADDRESS NONE (if outside, give location) Residence Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski

3. NAME OF DECEASED (Type or print) First Mary Middle B Last Walls

4. DATE OF DEATH Month Sept Day 21 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH May 16 1872 9. AGE (last birthday) 89

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Domestic 11. BIRTHPLACE (City and state or country) Miller County Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Langford Bowin 13b. MOTHER'S MAIDEN NAME Elmira Shelton 14. NAME OF HUSBAND OR WIFE WA Walls

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. None 17. INFORMANT Andy Walls Rt #3 Crocker, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure
DUE TO (b) Old age.
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 15 Feb '60 to 7 July 61 and last saw her alive on 7 July 61
Death occurred at 6:35A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George W. Ward (Degree or title) MD 22b. ADDRESS Richland, Missouri 22c. DATE SIGNED 9/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/23/61 23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem. 23d. LOCATION (City, town, or county) (State) Crocker, Missouri

24. FUNERAL DIRECTOR Wm Williams ADDRESS Richland, Missouri 25. DATE RECD. BY LOCAL REG. 9-23-1961 26. REGISTRAR'S SIGNATURE Willa L. Gray

OCT 3 1961

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 Clarence F. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, NC

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.