

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045501

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 123

STATE FILE NUMBER

AMENDED

FILED JAN 4 1962

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| 1. PLACE OF DEATH a. COUNTY <u>LINN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MAEON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u> | Length of stay in 1b <u>9 days</u> | c. CITY OR TOWN <u>Ethel</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis HOSP.</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rt # 1,</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>E.</u> Last <u>WALT</u> | | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>23</u> Year <u>1961</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-3-1898</u> | 9. AGE (last birthday) <u>63</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months <u>1</u> Days <u>20</u> Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u> | | 11. BIRTHPLACE (City and state or country) <u>Elmore, Mo.</u> | | |
| 10c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Emmett Walt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mattie Esperson</u> | | |
| 14. NAME OF HUSBAND OR WIFE <u>Opal Walt</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> | | 17. INFORMANT Address <u>Opal Walt, Ethel, Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL EMBOLISM</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>METASTATIC CARCINOMA</u> | | |
| DUE TO (c) <u>CARCINOMA RT-LUNG</u> | | |
| 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.) |
| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> | |
| 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 12-14-61 to 12-23-61 and last saw ^{her} him alive on 12-23-61
 Death occurred at 12:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Larson (Degree or title) 22b. ADDRESS Marceline, Mo 22c. DATE SIGNED 12-23-61

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 26, 1961 23c. NAME OF CEMETERY OR CREMATORY BELL CEMETERY 23d. LOCATION (City, town, or county) (State) Ethel, Mo

24. FUNERAL DIRECTOR ADDRESS LARSON FUNERAL SERVICE 25. DATE RECD. BY LOCAL REG. Dec 26, 1961 26. REGISTRAR'S SIGNATURE W. H. Stuard

BUEKLIN, Mo. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

JAN 11 1962
MAY 29 1962

JAN 31 1962

161-2-11

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 _____

C. J. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.