No. 300
10.48

FILED SEP 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26760

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5516 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Springfield
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: RFD # 4, Windsor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Springfield
d. STREET ADDRESS (If rural, give location): RFD # 4, Windsor

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): A.
c. (Last): Walthall

4. DATE OF DEATH (Month) (Day) (Year): Sept. 2 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1871
9. AGE (In years last birthday): 77 — If under 1 year: Months 10, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Benton County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Richard Walthall
13b. MOTHER'S MAIDEN NAME: Mary Hannah
14. NAME OF HUSBAND OR WIFE: Matilda West Walthall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Harve Walthall, Windsor, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adams Stokes Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Heart Block

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4330

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 22, 1949, *to* Sept 2, 1949, *that I last saw the deceased alive on* Sept 2, 1949, *and that death occurred at* 1:10 p., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible]
(Degree or title): M.D.
23b. ADDRESS: Warrensburg
23c. DATE SIGNED: 9/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-4-49
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Warsaw, Missouri

DATE REC'D BY LOCAL REG.: Sept 9-49
REGISTRAR'S SIGNATURE: Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Huston-Turner, Windsor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 8-49-1090
Date Filed 9-12-49

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 ..... Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.