

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1502

State File No. _____

S. No. 300
V. 10.48

FILED JAN 30 1950

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Carthage	c. LENGTH OF STAY (in this place) 50	c. CITY OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hosp.		d. STREET ADDRESS (If rural, give location) 1114 Case	

3. NAME OF DECEASED (Type or Print) Mary		a. (First)	b. (Middle)	c. (Last) WALZ	4. DATE OF DEATH (Month) (Day) (Year) 1-9-50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH 9-28-67	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 2 HRS. 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 None		11. BIRTHPLACE (State or foreign country) Kentucky /		12. CITIZEN OF WHAT COUNTRY? US.	

13a. FATHER'S NAME Wm. Butts		13b. MOTHER'S MAIDEN NAME Mary Burroughs		14. NAME OF HUSBAND OR WIFE C.H. Walz	
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'S SIGNATURE OR NAME Mrs. Ruby Walz, Lima, Ohio	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 wks.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third degree burns of both buttocks and of left leg			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis Cerebral arteriosclerosis -			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) about Nov. 29 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? clothes caught on fire from stove -

22. I hereby certify that I attended the deceased from April 14, 1948, to Jan. 9, 1950, that I last saw the deceased alive on Jan. 9, 1950, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Schell, M.D.		23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED 1/9/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-50-	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri

DATE REC'D BY LOCAL REG. Jan 11-1950	REGISTRAR'S SIGNATURE L. B. Clinton	139	25. FUNERAL DIRECTOR'S SIGNATURE ULMER FUNERAL HOME, CARTHAGE, MO.	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Per. H. F. ... Embalmer's Statement on Reverse Side)

RECEIVED 1-16-50

Jasper County Health Office

County File Number 50-1-11

Date Filed 1-24-50

NOV 14 1950

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 *John S. Penney*

Licensed Embalmer No. 4194

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 this body is not embalmed, fact should be so stated above.