S. No. 300
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FILED SEP 14 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27481

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 122

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 11 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mrs Chas. RaulieNursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hale 0170
d. STREET ADDRESS (If rural, give location): 60 Cherry st.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Harriett
b. (Middle): Lavenia
c. (Last): Walston

**4. DATE OF DEATH** (Month) (Day) (Year): June 25, 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: January25, 1877
**9. AGE** (In years last birthday): 73 — IF UNDER 1 YEAR: Months 5, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housekeeping
**10b. KIND OF BUSINESS OR INDUSTRY**: Self Employed
**11. BIRTHPLACE** (State or foreign country): Hale Missouri
**12. CITIZEN OF WHAT COUNTRY?**: 0

**13a. FATHER'S NAME**: Chas. Walston
**13b. MOTHER'S MAIDEN NAME**: MarthaElizibeth Jones
**14. NAME OF HUSBAND OR WIFE**:

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: C.M. Walston — ADDRESS: 508 Benton Kansas City

**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) Hypertensive Cardio Vascular Heart Disease — INTERVAL BETWEEN ONSET AND 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.*
443 X

**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* 8-4, 1949, *to* June 25, 1950, *that I last saw the deceased alive on* June 12, 1950, *and that death occurred at* 11:A m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Joseph F. Gale (Degree or title) MD
**23b. ADDRESS**: Chillicothe Mo
**23c. DATE SIGNED**: 6-28-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 27, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Hale Cemetery
**24d. LOCATION** (City, town, or county) (State): Hale Missouri

DATE REC'D BY LOCAL REG.: June 27/50
REGISTRAR'S SIGNATURE: Frances B Neff
**25. FUNERAL DIRECTOR'S SIGNATURE**: Frank E. Slater — ADDRESS: Hale Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 3 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

## 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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.