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

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5547 Registrar's No. 99

1. PLACE OF DEATH
 a. COUNTY Howard
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural N. Moniteau township) 77 yrs
 c. LENGTH OF (in this place)
 d. FULL NAME OF (If not in hospital, or institution, give street address or location) HOSPITAL OR INSTITUTION R. R. #5 Fayette, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Missouri b. COUNTY Howard
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Moniteau 0450
 d. STREET ADDRESS (If rural, give location) R. R. #5 Fayette, Mo

3. NAME OF DECEASED (Type or Print)
 a. (First) George b. (Middle) Franklin c. (Last) Walcott
 4. DATE OF DEATH (Month) Nov. (Day) 30 (Year) 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
 8. DATE OF BIRTH Jan. 5, 1868 9. AGE (In years, last birthday) 82 IF UNDER 1 YEAR (Month) 10 (Day) 25 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 Farmer Owner
 11. BIRTHPLACE (State or foreign country) New York 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hansen Spencer Walcott 13b. MOTHER'S MAIDEN NAME Sarah P. Walker 14. NAME OF HUSBAND OR WIFE Izella Leveridge

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 George A. Walcott ADDRESS Fayette, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Chronic prostatism with Urinary obstruction
 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 10 days
Unknown
610X

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) _____ 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 Nov. 29, 1950, to Nov. 30, 1950, that I last saw the deceased alive on Nov. 21, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Francis D. Dem (Degree or title) M.D. 23b. ADDRESS Lee Hospital Smith, Mo 23c. DATE SIGNED 12-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/2/50 24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery 24d. LOCATION (City, town, or county) (State) Fayette, MO

DATE REC'D BY LOCAL REG. 12-1-50 REGISTRAR'S SIGNATURE Mary E. Shell 436 FUNERAL DIRECTOR'S SIGNATURE Ralph A. Case ADDRESS Fayette, Mo

RECEIVED 12/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/8/50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.