

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5170

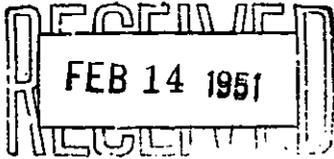
BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden	
d. FULL NAME OF HOSPITAL OR INSTITUTION: East 3rd Street		d. STREET ADDRESS (If rural, give location) East third street	
3. NAME OF DECEASED (Type or Print) a. (First) Letha b. (Middle) Jane c. (Last) Walters		4. DATE OF DEATH (Month) (Day) (Year) Feb 7 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 75
11. BIRTHPLACE (State or foreign country) Reading, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Warren B. Woodruff		13b. MOTHER'S MAIDEN NAME Mary M. Smith	
14. NAME OF HUSBAND OR WIFE Sherman Walters		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph H. Walters, Holden, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Adhesions - ovarion 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept 7, 1950, to Feb 7, 1951, that I last saw the deceased alive on Feb 6, 1951, and that death occurred at 5:00a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. H. Walters		23b. ADDRESS Holden, Mo.	
23c. DATE SIGNED 2/8/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb 9 1951		24c. NAME OF CEMETERY OR CREMATORY Rock Springs	
24d. LOCATION (City, town, or county) (State) Holden, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri	
DATE REC'D BY LOCAL REG. 2-9-51		REGISTRAR'S SIGNATURE Mrs. H. V. Redford	

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

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JOHNSON COUNTY HEALTH DEPT.

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 W. L. Canaday

Licensed Embalmer No. 34314

P. O. Address Holden, 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.