

FILED OCT 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34577

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 333

1. PLACE OF DEATH  
a. COUNTY Pettis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Pettis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California Mo 0681  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)  
a. (First) John b. (Middle) \_\_\_\_\_ c. (Last) Wall  
4. DATE OF DEATH (Month) (Day) (Year) Oct-12-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH Feb-9-1884 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months 8 Days 3 IF UNDER 12 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Waterloo Ill. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wall 13b. MOTHER'S MAIDEN NAME Mary Stumpf 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) no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Press ADDRESS Kirkwood 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) Chronic myocarditis & myocardial infarction  
ANTECEDENT CAUSES morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ectopic the bundle of His causing heart block  
36 to 12 per min. DUE TO (c) men.  
II. OTHER SIGNIFICANT CONDITIONS acute nephritis  
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  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) 442 X

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 10-9, 1951, to 10-12, 1951, that I last saw the deceased alive on 10-12, 1951, and that death occurred at 11:06 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.E. Press, M.D. 23b. ADDRESS Sedalia Mo. 23c. DATE SIGNED 10-19-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-18-1951 24c. NAME OF CEMETERY OR CREMATORY Catholic cemetery 24d. LOCATION (City, town, or county) (State) Waterloo Ill.

DATE REC'D BY LOCAL REG. 10-12-51 REGISTRAR'S SIGNATURE W.E. Press 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia

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

RECEIVED OCT 25 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed ~~OCT 25~~ 1951 \_\_\_\_\_

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 *K. M. Crary*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3158*

P. O. Address *Sedalia 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.