

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3737

State File No.

FILED FEB 5 1952

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEVADA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u> <u>8070</u>	
c. LENGTH OF STAY (in this place) <u>1 WK.</u>		d. STREET ADDRESS (If rural, give location) <u>3RD & MYRTLE ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>WALTERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY-29-1952</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>NOV-3-1878</u>	9. AGE (In years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM SLOAN</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA WILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY WALTERS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Walters</u>	ADDRESS <u>Rich Hill, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post-operative cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of body of uterus</u>		?
	DUE TO (c) <u>Degenerating fibroid tumor about size of walnut head</u>		?
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large degenerating fibroid tumor</u>		

19a. DATE OF OPERATION <u>Jan. 29, 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of body of uterus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>172X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>172X</u>
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22. I hereby certify that I attended the deceased from Jan. 20, 1952, to Jan. 29, 1952, that I last saw the deceased alive on Jan. 29, 1952, and that death occurred at 10:25 1/4 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. King M. D.</u>	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>Jan. 31, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN-31-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-1-1952</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Service</u>	ADDRESS <u>Rich Hill, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

587

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.....

Robert G. Steinbeck

Licensed Embalmer No.

4657

P. O. Address.....

Butte, 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.