

STANDARD CERTIFICATE OF DEATH

State File No.

APR 1 1952
BIRTH NO. 95215 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 419 E Logan	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Ost. Hospital			

3. NAME OF DECEASED a. (First) Beverly b. (Middle) Jean c. (Last) Walters			4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> Never Married	8. DATE OF BIRTH Feb 24 1952	9. AGE (In years last birthday) <input checked="" type="checkbox"/>	10. UNDER 1 YEAR Months <input checked="" type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Moberly Mo		12. CITIZEN OF WHAT COUNTRY? Mo

13a. FATHER'S NAME Frederick Walters		13b. MOTHER'S MAIDEN NAME Delpha D Warren		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) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE AND NAME Frederick Walters, Moberly	
				ADDRESS	

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) Congenital malformation of the heart - Marked Cardiac Hypertrophy.			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbidity 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.			7544
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION atelectasis of the left lung. Mediastinal shift to the right.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. 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 **Feb 24, 1952**, to **Feb 25, 1952**, that I last saw the deceased alive on **Feb 25, 1952**, and that death occurred at **3 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE George M. Eshelman D.O. (Degree or title)		23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 3/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 26 52		24c. NAME OF CEMETERY OR CREMATORY Oakland	
				24d. LOCATION (City, town, or county) (State) Moberly Mo	

DATE REC'D BY LOCAL REG. Feb 26 52		REGISTRAR'S SIGNATURE Robert William Smith		25. FUNERAL DIRECTOR'S SIGNATURE Mohaw and Son	
				ADDRESS Moberly Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Held for doctor's info. & signature
Doctor's cert. by Fred

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 D. Witt

Licensed Embalmer No. 3021

P. O. Address Mobile Ala

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.