

FILED JUN 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19693

BIRTH NO.		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 4071		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>Lauderdale</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>Candler</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lauderdale</i>		c. LENGTH OF STAY (in this place) <i>1390</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Lauderdale</i>		d. STREET ADDRESS (If rural, give location) <i>New Del</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i>							
3. NAME OF DECEASED (Type or Print)		a. (First) <i>Gladys</i>		b. (Middle) <i>Irene</i>		c. (Last) <i>Walters</i>	
4. DATE OF DEATH		(Month) <i>June</i>		(Day) <i>6</i>		(Year) <i>1952</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>whx</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Nov 20 - 1909</i>	
9. AGE (In years last birthday) <i>42</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
IF UNDER 1 YEAR Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Lauderdale County, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>James Knuch</i>		13b. MOTHER'S MARRIAGE NAME <i>Lottie Sargeant</i>		14. NAME OF HUSBAND OR WIFE <i>Lawrence Walters</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Lawrence Walters</i>		ADDRESS <i>Candler</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Inanition and Debilitation</i>					
ANTECEDENT CAUSES		DUE TO (b) <i>Carcinomatosis</i>				<i>Years</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Primary epidermoid carcinoma of nasopharynx</i>				<i>Years</i>	
II. 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 checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>146X</i>			
22. I hereby certify that I attended the deceased from <i>Oct 1</i> , 19 <i>45</i> , to <i>June 6</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 5</i> , 19 <i>52</i> , and that death occurred at <i>7:30 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>K. Dale Atterbery M.D.</i>				23b. ADDRESS <i>Candler Mo</i>		23c. DATE SIGNED <i>6-14-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 8 - 52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Macks Creek</i>		24d. LOCATION (City, town, or county) (State) <i>Macks Creek Mo</i>	
DATE REC'D BY LOCAL REG. <i>June 14 - 1952</i>		REGISTRAR'S SIGNATURE <i>Alpha Draw</i>		42-0		25. FUNERAL DIRECTOR'S SIGNATURE <i>Banksen-Holery</i>	
						ADDRESS <i>Candler Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Albi Buchanan Woolery

Licensed Embalmer No. 2488

P. O. Address Camden N.J.

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.