

# STANDARD CERTIFICATE OF DEATH

28875

State File No. ....

No. 300  
10.48

SEP 4 - 1952

REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>NEOSHO #2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WALTERS</u> c. (Last) <u>WALTERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 24. 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>UNKNOWN</u>		9. AGE (In years last birthday) <u>80</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>YUGOSLAVIA</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L.T. SCHULER</u> ADDRESS <u>NEOSHO MO #2</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cause of death unknown</u>				
		ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small> DUE TO (b) <u>Natural causes</u> DUE TO (c) <u>was found dead in his home</u>				
II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small> <u>he had been dead about 24 hrs.</u>						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>when found.</u>			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) <u>7955</u>		
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lesley Thompson Sr.</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>8/26/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-30-52</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Gorman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lesley Thompson Sr.</u> ADDRESS <u>Neosho Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. \_\_\_\_\_

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

Date Filed SEP 3 1952

NEWTON COUNTY HEALTH UNIT

922-157

NEOSHO, MISSOURI

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 \_\_\_\_\_

*Ray P. Adams*

Student Embalmer No. \_\_\_\_\_

474

working under my personal supervision.

Student \_\_\_\_\_

*Ray P. Adams*  
Student Embalmer

Signed \_\_\_\_\_

*Corley Thompson Sr.*

Licensed Embalmer No. \_\_\_\_\_

3259

P. O. Address \_\_\_\_\_

*Neosho 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.