

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37606

State File No.

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4027 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Burgess</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Burgess</u>	
c. LENGTH OF STAY (in this place) <u>53 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Post Office - Mulberry, Kans</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.O. Mulberry, Kans</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Frederick</u>	c. (Last) <u>Walthour</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov. 23, 1952</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 9, 1883</u>	9. AGE (In years last birthday) Months Days <u>68</u>
--------------------	------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Strip Mine</u>	11. BIRTHPLACE (State or foreign country) <u>Osage Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	---

13a. FATHER'S NAME <u>Jacob G. Walthour</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Gertrude Smith Lana</u>	14. NAME OF HUSBAND OR WIFE <u>A. Walthour</u>
--	--	---

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>509-10-8566</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles F. Walthour Jr.</u>	ADDRESS <u>Kansas City, Mo.</u>
---	---	---	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary coronary attack</u>		
	DUE TO (c) _____		
11. 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 <u>4201</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)
--	--	---

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 Nov 23, 1952 to Nov 23, 1952, that I last saw the deceased alive on Nov 23, 1952, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Allen W. Sandidge</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Mulberry, Kans</u>	23c. DATE SIGNED <u>11/28/52</u>
--	-----------------------------	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosebank</u>	24d. LOCATION (City, town, or county) (State) <u>Mulberry, Kansas</u>
--	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Nov 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Derby</u>	ADDRESS <u>Mulberry, Kans</u>
---	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

060
1

DEC 31 1952

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.....
Student Embalmer

Signed

J. M. Berkeley

Licensed Embalmer No. *2336*

P. O. Address *Mulberry, Kans.*

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.