

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16996

State File No.

No. 300
10-48

FILED JUN 9 1953

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4029 Registrar's No. 19

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Barton	b. CITY (If outside corporate limits, write RURAL and give town) Mindenmines	a. STATE Mo.	b. COUNTY Barton
c. LENGTH OF STAY (in this place) All of 1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mindenmines	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Main Street		d. STREET ADDRESS (If rural, give location) North Main Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Murt	b. (Middle)	c. (Last) Walter	4. DATE OF DEATH (Month) (Day) (Year) June 1 1953
---	--------------------	-------------	---------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1899	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
-----------------------	----------------------------------	--	--	--	----------------------------------	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
---	--	--	--

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Maurine Walter
---------------------------	----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maurine Walter	ADDRESS Mindenmines, Mo.
---	--------------------------------	---	------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Posterior Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ (Prom by E.K.G.) DUE TO (c) _____		
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 4207	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) Lamar, Missouri
---	---	---

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?
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from May 31, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 6.0 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben T. Dickel, M.D.</u>	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>6/4/53</u>
---	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-4-1953	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City, town, or county) (State) Lamar Mo.
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>June 6 1953</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SMITH FUNERAL HOME</u>	ADDRESS Pittsburg, Kan.
---	---	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Bickel

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

E. Smith

Licensed Embalmer No. 3769

P. O. Address Pittsburg, 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.