

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44983**

FILED JAN 4 1954

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BIRTH NO.		REG. DIST. NO. 378	PRIMARY REG. DIST. NO. 4552	Registrar's No. 71
1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MO. b. COUNTY WRIGHT		
b. CITY OR TOWN RURAL MOUNTAIN GROVE		c. LENGTH OF STAY (in this place) 15 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION WRIGHT COUNTY		e. STREET ADDRESS (If rural, give location) WRIGHT COUNTY 1140		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WALRATH c. (Last) WALRATH		4. DATE OF DEATH (Month) (Day) (Year) DEC. 15 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 30 1880	
9. AGE (In years last birthday) 73		If UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (City and State or Foreign Country) VINCENT INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME NELSE WALRATH		
13b. MOTHER'S MAIDEN NAME MARGARET HOLMES		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-09-54		17. INFORMANT'S SIGNATURE OR NAME George Walrath ADDRESS Mountain Grove, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency ANTECEDENT CAUSES Arteriosclerosis, Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Hypertension 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 4201		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) m.		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 Dec 8 , 1953, to Dec 15 , 1953, that I last saw the deceased alive on Dec 14 , 1953, and that death occurred at 4:15 pm. , from the causes and on the date stated above.				
23a. SIGNATURE [Signature] (Degree of title) M.D.		23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED Dec 18 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 18/53		24c. NAME OF CEMETERY OR CREMATORY Hellcrest Cemetery
24d. LOCATION (City, town, or county) (State) Mountain Grove Mo		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mountain Grove Mo		
DATE REC'D BY LOCAL REG. 12-25-53		REGISTRAR'S SIGNATURE [Signature] 348-0		

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

RECEIVED DEC 29 1953
W.F.I.G. CO. HEALTH DEPT.
County File Number 1253-159
Date Filed 12-31-53

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.....
Signature of Student Embalmer

Signed.....
R. W. Barb

Licensed Embalmer No. 380

P. O. Address *Metz 9th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.