

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **74**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 12

0051

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

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| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett | |
| c. LENGTH OF STAY (in this place) 7 days | | d. STREET ADDRESS (If rural, give location) 200 Ninth St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Vincent Hospital | | | |

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|-------------------------------------|------------------------------|---------------------------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) WILLIAM | b. (Middle) LAFAYETTE | c. (Last) WALTERS | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1954 |
|-------------------------------------|------------------------------|---------------------------------|-----------------------------|---|

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|-----------------------|----------------------------------|--|---|---|------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 3, 1886 | 9. AGE (In years last birthday) Months Days 67 2 16 | IF UNDER 18 Hrs. Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad | 10b. KIND OF BUSINESS OR INDUSTRY Conductor | 11. BIRTHPLACE (City and State or Foreign Country) Garfield, Ark. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME David F. Walters | 13b. MOTHER'S MAIDEN NAME Sarah Ann Marshall | 14. NAME OF HUSBAND OR WIFE Mary E. Walters |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. 702-03-5960 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary E. Walters Monett, Mo. |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 5 day 10 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stenographic & yet | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 334X |
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| 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? |
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22. I hereby certify that I attended the deceased from 1-10-54, 1954, to 1-19-54, 1954, that I last saw the deceased alive on 1-18-54, 1954, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>[Signature]</i> | 23b. ADDRESS Monett Mo | 23c. DATE SIGNED 1-20-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/21/54 | 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | 24d. LOCATION (City, town, or county) (State) MONETT, MO. |
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| DATE REC'D BY LOCAL REG. 1-21-54 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 487 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | ADDRESS Monett Mo |
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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 J. D. Buchanan

Licensed Embalmer No. 3149

P. O. Address Mount Airy

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.