

16581

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 200
10.48

FILED MAY 25 1954

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3048 Registrar's No. 109

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mooresville</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) _____ c. (Last) <u>Waltz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>December 6, 1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Livingston County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Waltz</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Belle Slover</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Pearle McGee</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W. W. I</u>	16. SOCIAL SECURITY NO. <u>486-12-9000</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Warren; Dawn, Missouri</u>	
---------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myelogenous Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	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) (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 12 May, 1954 to 14 May, 1954, that I last saw the deceased alive on 14 May, 1954, and that death occurred at 2:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>V D Handwerker MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>15 May 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mooresville</u>	24d. LOCATION (City, town, or county) (State) <u>Mooresville, Missouri</u>

DATE REC'D BY LOCAL REG. <u>5-17-54</u>	REGISTRAR'S SIGNATURE <u>Flanice B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>
--------------------------------------------	--------------------------------------------------	------------------------------------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1936

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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.