No. 300
10.48

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23470

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (in this place): 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Broadview Addition,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
d. STREET ADDRESS (If rural, give location): 209 Young St.

3. NAME OF DECEASED (Type or Print): a. (First) RAYMOND b. (Middle) WALTERS c. (Last)
4. DATE OF DEATH (Month) (Day) (Year): July 3rd. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 30th. 1921
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Marr&Kemp Construction Co. Proctor, Missouri
11. BIRTHPLACE (State or foreign country): 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Walter Walters
13b. MOTHER'S MAIDEN NAME: Hester Bellamy
14. NAME OF HUSBAND OR WIFE: Jeraldeen Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War#2
16. SOCIAL SECURITY NO.: 44-0525322
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Jeraldeen Walters, Warrensburg, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull and Head — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tractor Upset
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 ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Broadview Addition,
21c. (CITY, TOWN, OR TOWNSHIP): Warrensburg (COUNTY) 051 (STATE) Johnson County, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 3rd. 1954 12:10 P.M.
21e. INJURY OCCURRED: WHILE AT WORK [+] NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tractor Upset

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 7-3- , 19 54, *that I last saw the deceased alive on* 7-3-1954, 19____, *and that death occurred at* 12:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kelly Rawlins M.C. Coroner
23b. ADDRESS: Holden, Missouri
23c. DATE SIGNED: 7-3-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-1954
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery,
24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri

DATE REC'D BY LOCAL REG.: July 4, 1954
REGISTRAR'S SIGNATURE: Savannah Crutchfield
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R.A. Brauninger, Warrensburg, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 1? 1954
JOHNSON COUNTY HEALTH DEPT.

JUL 21 1954

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 R A B Lanninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.