

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

315

State File No. ....

FILED JAN 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY-REG. DIST. NO. <u>1000</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>102 Smith St.</u> <span style="float: right;">0177 0</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Scott</u> c. (Last) <u>Wrinkle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 16, 1906</u>			
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>		IF UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Driving</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Esther Wrinkle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esther Wrinkle</u>			ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Bronchial Asthma</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Rheumatoid Arthritis</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>Unknown</u>  <u>Unknown</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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 <u>3-10, 1950</u> , to <u>1-18, 1955</u> , that I last saw the deceased alive on <u>1-18, 1955</u> , and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Arthur Lewis M.D.</u>				23b. ADDRESS <u>Tootle Building St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1-19-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery St. Joseph, Mo</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>Jan 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>		FURNERAL DIRECTOR'S SIGNATURE <u>John E. Pupp</u>		ADDRESS <u>St. Joseph, Mo.</u>			

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

MAR 28 1955

JAN 29 1957

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.....

*John E. Rupp*  
Licensed Embalmer No. 398

P. O. Address *St Joseph*

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.