

STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1956

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</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>Byler Nursing Home</u>			STREET ADDRESS (If rural, give location) <u>533 Clark</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maranda</u> b. (Middle) _____ c. (Last) <u>Walters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 12 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Peas Mill Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>John Walters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lizzie Byler Lebanon Mo.</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Paralytic Stroke</u>		DUPLICATE OF (b) <u>Hypostatic Pneumonia</u>			<u>5 Days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____			<u>2 Days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334x</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) _____		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 1-15-, 1956, to 1-22-, 1956, that I last saw the deceased alive on 1-22-, 1956, and that death occurred at 9.00Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>1-23-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/23/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-23-1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u> <u>Lebanon Mo</u>	
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Received 1-28-56

Laclede County Health Unit

File No. 10

Date Filed 1-28-56

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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.....  
Signature of Student Embalmer

Signed Stanley R Palmer

Licensed Embalmer No. 481

P. O. Address Lehonsky

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.