V.S. No. 300
Rev. 10.48

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25928

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY: Barry County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (In this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Scroggins Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Logan
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): _____ 0550 1

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): M.
c. (Last): Walters

4. DATE OF DEATH (Month) (Day) (Year): Aug. 12, 1956

5. SEX: Female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec. 28, 1873
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 7, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (City and State or Foreign Country): Golden City, Missouri C
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Wedding
13b. MOTHER'S MAIDEN NAME: Mary Caroline Morgan
14. NAME OF HUSBAND OR WIFE: Leon Walters

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.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Lloyd Walters, Tulsa, Okla.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Medullary Failure (Embolic Encephalomalacia)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardia Mural Thrombus Formation and Thrombotic Mycardial Infarction
DUE TO (c): Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Thrombophlebitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1956, *to* Aug 11, 1956, *that I last saw the deceased alive on* Aug. 11, 1956, *and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Avery Watson D.O. 2
23b. ADDRESS: Verona, Mo.
23c. DATE SIGNED: Aug 13 '56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 13, 1956
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cem.
24d. LOCATION (City, town, or county) (State): Marionville, Mo.

DATE REC'D BY LOCAL REG.: 8-13-56
REGISTRAR'S SIGNATURE: Mrs. P. N. Cash
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. B. Surridge Marionville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

4

513

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 856 - 144

DATE REC. 8-20-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Irwin R. Pennold

Licensed Embalmer No. 4929

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.