

FILED NOV 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

34697

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 184

| | | | | | | | |
|---|----------------------------------|--|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>LINN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>MARCELINE MO.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS</u> | | | Length of stay in 1b <u>2 hrs</u> | | d. STREET ADDRESS. <u>W. SANTA FE</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) | | | First <u>DON</u> Middle <u>OLIVER</u> Last <u>WALSWORTH</u> | | | 4. DATE OF DEATH Month <u>Oct</u> Day <u>10</u> Year <u>1956</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <u>2X</u> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 25 1906</u> | | 9. AGE (In years last birthday) <u>50</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u> Hours <u></u> Min. <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER PRINTING FIRM</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLISHING</u> | | 11. BIRTHPLACE (City and state or country) <u>GREENFIELD IOWA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>DON OLIVER WALSWORTH</u> | | | | 14. MOTHER'S MAIDEN NAME <u>JULIA SCHENKELBERGER</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>500-36-4415</u> | | 17. INFORMANT Address <u>E. D. Walsworth</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis - Progressive</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Coronary Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pulmonary Edema</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4200</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY. Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTRY STATE | |
| 21. I attended the deceased from <u>1950</u> to <u>10-10-56</u> and last saw her/him alive on <u>10-10-56</u> . Death occurred at <u>3:40 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Spencer W. Juntus</u> (Degree or title) | | | | 22b. ADDRESS <u>Marceline, MO</u> | | 22c. DATE SIGNED <u>10-11-56</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>10-12-56</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. OLIVET CEM.</u> | | 23d. LOCATION (City, town, or county) (State) <u>MARCELINE MO.</u> | |
| 24. FUNERAL DIRECTOR <u>Miller Villotson</u> | | ADDRESS <u>MARCELINE MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>OCT-11-1956</u> | | 26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Libbun K. Tildate*

Licensed Embalmer No... *49*

P. O. Address *Marcel*

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