

FILED APR 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14275

STATE FILE NUMBER

Registration District No. 291

Primary Registration District No. 5989

Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL GRANT TWP Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN RURAL GRANT TWP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) LIVONIA Mo Length of stay in lb LIFE		d. STREET ADDRESS LIVONIA Mo (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Joseph Peter Walter			4. DATE OF DEATH ARR 9-1957		
5. SEX m	6. COLOR OR RACE w	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 13, 1883		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 2 Days 34 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY w/		11. BIRTHPLACE (City and state or country) Putnam Co Mo	
13. FATHER'S NAME Joseph Walter			14. MOTHER'S MAIDEN NAME MARY J. Lean		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-40-1640		17. INFORMANT Bernice Walter-Coastville Mo Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Miscellaneous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) age DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		

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.) 4222		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m. 			
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 Coastville COUNTY Putnam STATE Mo	

21. I attended the deceased from March 30 and last saw her alive on Apr 2-57 Death occurred at 3 P.M. 4/9/57 on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. M. Davis, M.D. (Degree or title)	22b. ADDRESS Coastville Mo
22c. DATE SIGNED 4/12/57	

23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 4-11-57	23c. NAME OF CEMETERY OR CREMATORY Brancher Cem	23d. LOCATION (City, town, or county) Putnam Co Mo (State)
24. FUNERAL DIRECTOR 70 Duval St. Hannibal Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 4-13-57	26. REGISTRAR'S SIGNATURE Marcell Durbin

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All nomenclature in item 18. No symptoms will be listed. All nomenclature in item 18. No symptoms will be listed. All nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Marl E. Hester*

Licensed Embalmer No. *334*

P. O. Address *Unionville*

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.