

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19870

STATE FILE NUMBER

FILED MAY 28 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 95

2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Nevada</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Nevada</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>State Hospital #3</u>				Length of stay in lb <u>9 mo 1 das</u>		d. STREET ADDRESS (If outside, give location) <u>625 South Olive</u>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>-</u> Last <u>Walters</u>				4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>1957</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 28, 1888</u>	
9. AGE (In years last birthday) <u>68 yrs 5</u>		10. BIRTHPLACE (City and state or country) <u>Kennett, Mo</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Walters</u>				14. MOTHER'S MAIDEN NAME <u>Carrie Holmbren</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2 yrs + none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Hospital records Nevada Mo</u>	
18. CAUSE OF DEATH [Enter only one code per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Gen - arterio Sclerosis</u> DUE TO (c) <u>-</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Psychosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 or by re - 15 yrs</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.) <u>4200</u>	
20c. TIME OF INJURY Hour <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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>Nevada</u> COUNTY <u>-</u> STATE <u>-</u>	
21. I attended the deceased from <u>Aug 14, 1956</u> to <u>May 19, 1957</u> and last saw ^{her} him alive on <u>May 19, 1957</u> Death occurred at <u>11:00 A</u> m on the <u>19th</u> day of <u>May</u> 1957; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. Q. Bradley, M.D.</u> (Degree or title)				22b. ADDRESS <u>State Hospital #3 Nevada, Mo</u>		22c. DATE SIGNED <u>5-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-31-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>		
24. FUNERAL DIRECTOR <u>Serry Funeral Home, Nevada, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-22-1957</u>		26. REGISTRAR'S SIGNATURE <u>Anna S. Ferry</u>	

4510

MAY 28 1951

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 *B. J. Dudley*.....
Licensed Embalmer No. *48*.....
P. O. Address *Merida*.....

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.