

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027736
State File No.

FILED AUG 26 1957

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

| | | | | |
|---|-------------------------------|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 58 | PRIMARY REG. DIST. NO. 5212 | Registrar's No. 22 |
| 1. PLACE OF DEATH a. COUNTY CARTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY CARTER | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - PIKE TWP | | c. LENGTH OF STAY (in this place) 10 YRS | | c. CITY OR TOWN VAN BUREN |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 1, VAN BUREN | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| e. STREET ADDRESS (If rural, give location) ROUTE 1 | | 0180 | | |
| 3. NAME OF DECEASED a. (First) GEORGE | | b. (Middle) MELVIN | | c. (Last) WALTERS |
| 4. DATE OF DEATH (Month) (Day) (Year) Aug 12 1957 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC 23 1874 | 9. AGE (In years last birthday) 82 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and State or Foreign Country) INDIANA | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME JOE WALTERS | | 13b. MOTHER'S MAIDEN NAME REBECCA BONNELL | | 14. NAME OF HUSBAND OR WIFE CLARA WALTERS |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. 316-09-8371 | | 17. INFORMANT'S SIGNATURE OR NAME CLARA WALTERS ADDRESS VAN BUREN MO |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic myocarditis and Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 422.2 | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) | | 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 9-12- , 19 56 , to 8-12- , 19 57 , that I last saw the deceased alive on 8-10- , 19 57 , and that death occurred at 11:30 Am. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE (Degree or title) Frank Puzinski, D.O. | | 23b. ADDRESS Van Buren Mo | | 23c. DATE SIGNED 8-15-57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 8/15/57 | | 24c. NAME OF CEMETERY OR CREMATORY HOUSE CREEK |
| 24d. LOCATION (City, town, or county) (State) CARTER County MO | | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs Oeta Henshaw McSpadden ADDRESS VAN BUREN MO | | |
| DATE REC'D BY LOCAL REG. Aug 19-57 | | REGISTRAR'S SIGNATURE Mrs Oeta Henshaw McSpadden | | |

RECEIVED

AUG 22 195

CARTER COUNTY
HEALTH CENT

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 *Allen C. McGee*.....

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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.