

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35549
STATE FILE NUMBER

FILED OCT 22 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY Trenton, Mo OR TOWN 2600 N. Main St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2600 N. Main		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Maud Middle May Last Walls			4. DATE OF DEATH Month Oct. Day 17 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1874	9. AGE (In years last birthday) 83	
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 country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME F. M. Tarter		
14. MOTHER'S MAIDEN NAME Mary Oliver			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. none			17. INFORMANT Address Mrs Owen Beck Trenton, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture of hip					INTERVAL BETWEEN ONSET AND DEATH 1 day
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT <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.) at home		20f. CITY, TOWN, OR LOCATION Trenton Mo		COUNTY _____ STATE _____	
21. I attended the deceased from Jan 27 to Oct 17 57 and last saw her alive on Oct 17 57 Death occurred at 10:29 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. J. ...</i>			22b. ADDRESS Trenton Mo		22c. DATE SIGNED 10/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-19-1957	23c. NAME OF CEMETERY OR CREMATORY Maple Grove		23d. LOCATION (City, town, or county) (State) Trenton, Mo.
24. FUNERAL DIRECTOR Gipson Funeral Home Trenton, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 10-19-57	26. REGISTRAR'S SIGNATURE <i>J. ...</i>

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public service
300-56
No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Leo J. Whitaker*.....

Licensed Embalmer No. *477*

P. O. Address *Trenton*

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.