

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021425

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KENNETT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MALDEN</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.C. MEMORIAL</u>		Length of stay in 1b <u>1 WEEK</u>	d. STREET ADDRESS (If outside, give location) <u>305 N Decatur</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ADELIA</u> <u>WALTRIP</u>			4. DATE OF DEATH Month Day Year <u>MAY 22, 1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 12, 1879</u>	9. AGE (In years of birthday) <u>78</u>	IF UNDER 24 HRS. Month Days Hours Min. <u>7</u> <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and state or country) <u>CLARKTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES M. WALTRIP</u>		13b. MOTHER'S MAIDEN NAME <u>PRISCILLA KIRKPATRICK</u>		14. NAME OF HUSBAND OR WIFE <u>GIRTIE G. WALTRIP</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT Address <u>MISS LOUISE WALTRIP, MALDEN, MO.</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>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Food Poisoning</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</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 Month, Day, Year o.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 COUNTY STATE	
21. I attended the deceased from <u>May 14, 1958</u> to <u>May 22</u> and last saw her alive on <u>May 22, 1958</u> Death occurred at <u>1:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Chester R. Peck M.D.</u>			22b. ADDRESS <u>Kennett, Mo.</u>		22c. DATE SIGNED <u>May 29, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 25, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MALDEN MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>DAY FUNERAL HOME MALDEN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-1958</u>	26. REGISTRAR'S SIGNATURE <u>Carl H. [Signature]</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

0961 - 8 711

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-10-58
COUNTY FILE NUMBER 658

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 *J. J. Sherman* _____

Licensed Embalmer No. 4086

P. O. Address *Menden* _____

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.