

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012240

STATE FILE NUMBER

FILED APR 30 1959

Registration District No. 1

Primary Registration District No. 4024

Registrar's No. 34

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Tulsa</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cassville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Tulsa</b> 8350 7
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hosp. D.O.A.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>3321 E. 5th Place</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>REMIS</b> Middle <b>PORTER</b> Last <b>WALTRIP</b>			4. DATE OF DEATH Month <b>April</b> Day <b>19</b> Year <b>1959</b>		
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5. SEX <b>0</b> <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 6, 1904</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Truck Line</b>	11. BIRTHPLACE (City and state or country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Hugh Waltrip</b>	13b. MOTHER'S MAIDEN NAME <b>Dovie Reno</b>	14. NAME OF HUSBAND OR WIFE <b>Charlene C. Waltrip</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>490-05-2348</b>	17. INFORMANT Address <b>Charlene Waltrip-Tulsa, Oklahoma</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Undetermined Natural Causes</b>		INTERVAL BETWEEN ONSET AND DEATH
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) <b>7954</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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.)
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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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>4:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Grace Williams Registrar</b>	22b. ADDRESS <b>Cassville Mo</b>	22c. DATE SIGNED <b>Apr 20-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>4-20-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Tulsa Cemetery</b>	23d. LOCATION (City, town, or county) <b>Tulsa, Oklahoma</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Culver's Cassville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Apr 20-59</b>	26. REGISTRAR'S SIGNATURE <b>Grace Williams</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

MAY 5 1950

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 *Margaret C. Henbest*

Licensed Embalmer No. *4389*

P. O. Address *Cassville, Mo*

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.