URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 2 1959

59–035054
STATE FILE NUMBER

EENDED

Registration District No. 1 Primary Registration District No. — Registrar's No. 320

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN: Novinger, Rt. 2 Nineveh Twp. — Length of stay in Ib: Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): at family home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Adair
c. CITY OR TOWN: Novinger, Rt 2 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Nineveh Twp — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Edgar Middle: Last: Walters
4. DATE OF DEATH: Month Oct. Day 24, Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/27/1887
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Miner
11. BIRTHPLACE (City and state or country): Adair county, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.A.
13a. FATHER'S NAME: William Walters
13b. MOTHER'S MAIDEN NAME: Frances Allen
14. NAME OF HUSBAND OR WIFE: Alta Bradshaw
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nox (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 489 10 9604
17. INFORMANT: Address: Mrs. Alta Walters, Novinger, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: hours
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): Arteriosclerotic Heart Disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 10-7-59 to 10-11-59 and last saw him alive on 10-19-59
Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Richard P. Valuck D.O.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 10/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/27/59
23c. NAME OF CEMETERY OR CREMATORY: Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kirksville, Mo.
24. FUNERAL DIRECTOR: Paul M. Riley — ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-26-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1959

RICHARD P. VALUCK, D.O.

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 _____ Signed Kenneth E. Hayes

Signature of Student Embalmer

Licensed Embalmer No. 4890

P. O. Address Kirksville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.