URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 044013

STATE FILE NUMBER

FILED VS JAN - 5 1960

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 172

AMENDED

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gilman City
Length of stay in 1b: 1 Yr. 2 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ---
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN: Gilman City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ---
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Corra Middle: Walter Last: Woltz

4. DATE OF DEATH: Month December Day 24 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-19-1876
9. AGE (last birthday): 83
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (City and state or country): Daviess Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: David Jackson Woltz
13b. MOTHER'S MAIDEN NAME: Josephine Melvin
14. NAME OF HUSBAND OR WIFE: Nora Woltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 497-40-6085
17. INFORMANT: Mrs. Nora Woltz, Address: Gilman City, Mo/

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterial Sclerosis, Cardiac Enlargement	2 yrs
DUE TO (c)	Very large prostate, Cystitis & possible bladder stone	3 mths

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Had to keep retention Catheter in him most of time, Fluid in abdomen & chest.

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.)
He had number of Coronary Spells in past 6 mths
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

21. I attended the deceased from Oct 1/59, to Dec 24 59 and last saw him alive on Dec 20/59
Death occurred at 2P/m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H W Bailey (Degree or title) DD
22b. ADDRESS: Gallatin MO
22c. DATE SIGNED: 12/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-27-1959
23c. NAME OF CEMETERY OR CREMATORY: Union Grove Cemetery
23d. LOCATION (City, town, or county) (State): Daviess Co. Missouri

24. FUNERAL DIRECTOR: L. Nicholson
ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 29-1959
26. REGISTRAR'S SIGNATURE: Ella Maxey

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

JAN 11 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3302

P. O. Address Hallatin

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.