MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010111
STATE FILE NUMBER

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 9

FILED APR 10 1961

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bowling Green — Length of stay in Ib: 8 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: S. 13th st. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Mary Middle: Marguerite Last: Walsh
4. DATE OF DEATH: Month: March Day: 29 Year: 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-12-77
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months 4 Days 17 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: US
13a. FATHER'S NAME: Thomas Walsh
13b. MOTHER'S MAIDEN NAME: Ellen Lucy
14. NAME OF HUSBAND OR WIFE: none
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.: none
17. INFORMANT: Mrs. Clarence Finley, Bowling Green

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): Medullary paralysis (edema) — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Circulatory failure — months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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

21. I attended the deceased from 3-15-61, to 3-29-61 and last saw her alive on 3-29-61
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert A. Brooks DO. (Degree or title)
22b. ADDRESS: Bowling Green Mo
22c. DATE SIGNED: 3-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-31-61
23c. NAME OF CEMETERY OR CREMATORY: St. Alphonsus
23d. LOCATION (City, town, or county) (State): Millwood, Missouri

24. FUNERAL DIRECTOR: J. O. Mudd ADDRESS: Bowling Green Mo
25. DATE RECD. BY LOCAL REG.: MARCH 30, 1961
26. REGISTRAR'S SIGNATURE: Maidee E. Williams

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

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 James O. Kludd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, K

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.