

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012755

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 399

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

FILED APR 24 1961

|  |   |   |   |  |  |  |
|--|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>   |   | Length of stay in 1b<br><b>80 years</b>   | c. CITY OR TOWN <b>St. Joseph</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3311 So. 29th</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CARL</b> Middle <b>JOSEPH</b> Last <b>WALTER</b>   |   |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>13</b> Year <b>1961</b>   |  |  |  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>7/4/1870</b>   | 9. AGE (last birthday)<br><b>90</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farm</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Mandem Baden, Germany</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Karl Walter</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Carolina Vorge</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Carolina C. Walter</b><br>Address <b>St. Joseph, Mo.</b> |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>Mrs. Ralph Wenzel, 3121 Pickett Rd.</b>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intestinal Obstruction - Small Bowel</b>  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>36 hours</b>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Intraabdominal Adhesive Band</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)<br><b>Atherosclerotic Heart Disease</b>  |   |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |   | 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 <b>Jan 1953</b> to <b>4-13-61</b> and last saw <sup>her</sup> him alive on <b>4-13-61</b><br>Death occurred at <b>11:50 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Irwin Rosenthal M D</b>   |   |   | 22b. ADDRESS<br><b>St Joseph Mo</b>   |  | 22c. DATE SIGNED<br><b>4-17-61</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>4/15/1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph Missouri</b>                |  |  |
| 24. FUNERAL DIRECTOR<br><b>Norton - Bowman</b><br>ADDRESS <b>St. Joseph, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>April 20, 1961</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Goodell</b>                                     |  |  |

BY AFFIDAVIT OF **I. J. Rosenthal M.D.**

**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

*Eugene Wood*

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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.