SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61-024496
STATE FILE NUMBER

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 75

FILED JUL 17 1961

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty
Length of stay in 1b 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. Home
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clay
c. CITY OR TOWN Missouri City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) none
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First REBECCA Middle J. Last WALTERS
4. DATE OF DEATH Month July Day 2 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-23-1871
9. AGE (last birthday) 90
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) House wife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) Belleville KS
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wm. J. Thomas
13b. MOTHER'S MAIDEN NAME Hannah E. McPherson
14. NAME OF HUSBAND OR WIFE Simon Walters
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 Lucille Munkris Address R#3 Liberty, 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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2+ years
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)
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 1900, to and last saw her alive on July 2-61
Death occurred at 10A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. Y. Gadson (Degree or title) MD
22b. ADDRESS Liberty Mo
22c. DATE SIGNED 7/2/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-4-1961
23c. NAME OF CEMETERY OR CREMATORY Missouri City
23d. LOCATION (City, town, or county) (State) Missouri City, Missouri
24. FUNERAL DIRECTOR Church-Archer Co. ADDRESS Liberty Mo.
25. DATE RECD. BY LOCAL REG. 7-9-1961
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.