MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032420

STATE FILE NUMBER

AMENDED

Registration District No. 112 Primary Registration District No. 4184 Registrar's No. 15

FILED OCT 3 1961

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GERALD MO
Length of stay in 1b 30 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SISTERS HOME
Inside Limits Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print) First EDWARD-H Middle Last WALTERS
4. DATE OF DEATH Month 9 Day 23 Year 1961
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-14-1884
9. AGE (last birthday) 77
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) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Gerald Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FRITZ WALTERS
13b. MOTHER'S MAIDEN NAME SOPHIE GEALING
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) NONE
16. SOCIAL SECURITY NO.
17. INFORMANT Dorothy R Berg Address Gerald 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) Cerebral Stroke
DUE TO (b) Generalized Arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatectomy Feb 3-16-61

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 3-4-61 to 9-23-61 and last saw him alive on 9-23-61
Death occurred at 7 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas Schmidt M (Degree or title)
22b. ADDRESS Gerald
22c. DATE SIGNED 9-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 9-26-61
23c. NAME OF CEMETERY OR CREMATORY St Paul
23d. LOCATION (City, town, or county) (State) Gerald Mo

24. FUNERAL DIRECTOR E J Meyer ADDRESS Gerald Mo
25. DATE RECD. BY LOCAL REG. Sept 25-1961
26. REGISTRAR'S SIGNATURE John Charles Finley

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Stanley E. Meyer

Signature of Student Embalmer

Licensed Embalmer No. 4689

P. O. Address_____

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.