SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Maude Walters

-61-033859

STATE FILE NUMBER

Registration District No. 240 Primary Registration District No. 4427 Registrar's No. 109

FILED SEP 28 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Length of stay in 1b: 9 hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Crocker — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Maggie Middle: Bee Last: Walters

4. DATE OF DEATH: Month: Sept Day: 14 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: Feb 28 1891
9. AGE (last birthday): 70 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Howe Texas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benjamine F Lane
13b. MOTHER'S MAIDEN NAME: Ellen Elizabeth Roam
14. NAME OF HUSBAND OR WIFE: Edward Oscar 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: Clarence Walters Address: Crocker Missouri

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): Myocardial Infarction Posterior — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriolosclerotic Cardiac Disease — years
DUE TO (c): Diabetes Mellitis — 40 yrs.
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 [X]
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 Sept. 13-'61, to Sept 14-61 and last saw her alive on Sept. 14-1961
Death occurred at 10:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S Elchlich M.D.
22b. ADDRESS: Richland Missouri
22c. DATE SIGNED: 9/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/17/61
23c. NAME OF CEMETERY OR CREMATORY: Crocker Memorial Cem.
23d. LOCATION (City, town, or county) (State): Crocker, Missouri

24. FUNERAL DIRECTOR — ADDRESS: C E Moss Waynesville MO
25. DATE RECD. BY LOCAL REG.: 9-17-61
26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

Moss-Williams Funeral Homes Crocker Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1961

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 Clarence Ross

Licensed Embalmer No. 4896

P. O. Address Waynesville 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.