

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046967

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11694** STATE FILE NUMBER

1. PLACE OF DEATH **JAN 5 1962**
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **1 week**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes Hospital** Inside Limits Yes No
 d. STREET ADDRESS **R.R. # 3** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Charles William Walters** 4. DATE OF DEATH Month Day Year **December 15 1961**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1-16-31** 9. AGE (last birthday) **30** IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Auctioneer** 10b. KIND OF BUSINESS OR INDUSTRY **Used Car Dealer** 11. BIRTHPLACE (City and state or country) **Chicago, Ill.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **W.J. Walters** 13b. MOTHER'S MAIDEN NAME **Grace Patchett Walters** 14. NAME OF HUSBAND OR WIFE **Coleen Simpher Walters**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes** 16. SOCIAL SECURITY NO. **W.W. 2** 17. INFORMANT **W.J. Walters, Jackson, Missouri** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Sepsis; acute Hemorrhagic cystitis; Transsection of spinal cord; suffered in accident on Highway # 61, Bloomdale, Mo., on December 6, 1961**
 DUE TO (b) **Accident**
 DUE TO (c) **Cause and manner of same could not be determined**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **OPEN VERDICT**
 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.) **See above**

20c. TIME OF INJURY Hour **?** Month, Day, Year **12-6-61** 6S

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.) **Highway 61** 20f. CITY, TOWN, OR LOCATION **Bloomdale, Mo** COUNTY STATE

21. I attended the deceased from **2:00 A** to **2:00 A** and last saw her/him alive on **12-6-61** Death occurred at **2:00 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Paul J. Simon Deputy Coroner** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **12/15/61**

23a. BURIAL, CREMATION REMOVAL (Specify) **Removal** 23b. DATE **12-15-61** 23c. NAME OF CEMETERY OR CREMATORY **Jackson Cemetery** 23d. LOCATION (City, town, or county) **Jackson, Missouri** (State)

24. FUNERAL DIRECTOR **Cracraft-Miller Funeral Home** ADDRESS **Jackson, Mo.** 25. DATE RECD. BY LOCAL REG. **DEC 15 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FEB 19 1962

MAR 7 1962

MAR 5 1962

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 Joe E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6175 2nd Ave

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.