

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11584**

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5315 Registrar's No. 75

0270

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>(RURAL) SALINE</u>		c. LENGTH OF STAY (In this place) <u>15 yr</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>(RURAL) SALINE</u>		d. STREET ADDRESS (If rural, give location) <u>0270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boonville Mo.</u>		d. STREET ADDRESS <u>BOONVILLE MO</u>	

3. NAME OF DECEASED a. (First) <u>LOUIS</u> b. (Middle) <u>—</u> c. (Last) <u>WALTERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MARCH 18, 1859</u>		9. AGE (In years if under 1 year last birthday) <u>95</u>		10. MONTHS <u>1</u> DAYS <u>14</u> HOURS <u>—</u> MIN. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		

13a. FATHER'S NAME <u>FRED WALTERS</u>		13b. MOTHER'S MAIDEN NAME <u>LENA DEFLY</u>		14. NAME OF HUSBAND OR WIFE <u>DEAD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Pfeiffer Boonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEBIC PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>CANCER of Lungs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Myocarditis chronic</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from JAN 1, 1954, to MAY 2, 1954, that I last saw the deceased alive on MAY 2, 1954, and that death occurred at 3:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. James A. Carruth DC-NO 1</u>		23b. ADDRESS <u>Bunceton, Mo.</u>		23c. DATE SIGNED <u>5-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 4, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVAN. CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>PAITIE HOME MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Albert Hornbeck</u>		ADDRESS <u>PAITIE HOME</u>	
DATE REC'D BY LOCAL REG. <u>MAY 1-54</u>		REGISTRAR'S SIGNATURE <u>U.T. Meredith</u>		442- <u>442</u>	

mo

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
Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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 this body is not embalmed, fact should be so stated above.