

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39532**

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Moniteau Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker	
c. LENGTH OF STAY (in this place) 4 Yrs		d. STREET ADDRESS (If rural, give location) 406 E. High St. California. Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 East High St			

3. NAME OF DECEASED (Type or Print) a. (First) Emma Mae b. (Middle) Mae c. (Last) Walters			4. DATE OF DEATH (Month) (Day) (Year) 11/17/52		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 21 1912		9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months 6 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John R. Hume		13b. MOTHER'S MAIDEN NAME Minnie L. Guy		14. NAME OF HUSBAND OR WIFE Jesse Walters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jesse Walters ADDRESS California Mo	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis (Pulmonary)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b)			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) California Moniteau MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **May 1, 1950**, to **Nov. 17, 1952**, that I last saw the deceased alive on **Nov. 16, 1952**, and that death occurred at **7:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. D. Bowen D.O.		23b. ADDRESS California		23c. DATE SIGNED 11/17/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/19/52		24c. NAME OF CEMETERY OR CREMATORY Flag Spring Cemetery	
				24d. LOCATION (City, town, or county) (State) California Mo	

DATE REC'D BY LOCAL REG. 11-20-52		REGISTRAR'S SIGNATURE H. P. Pope		25. FUNERAL DIRECTOR'S SIGNATURE Emuel Bowlin ADDRESS California Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0681

FILED DEC 11 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Earl Bonidin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.