

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39533**  
Registrar's No. **79**

BIRTH NO. **77243** REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3046**

0681

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

1. PLACE OF DEATH a. COUNTY <b>Moniteau Co</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>California, Mo Walker</b>		c. LENGTH OF STAY (In this place) <b>27 1/2 HR</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>California, Mo Walker</b>		<b>Mo</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>California, Mo</b>		

3. NAME OF DECEASED (Type or Print) <b>Kenneth Wayne Walters</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11/15/52</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Nov 14 1952</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 1 HR. Hours <b>31</b>	IF UNDER 1 MIN. Min. <b>12</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>California, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Kenneth E. Walters</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wekamp</b>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth E Walters California Mo</b>				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>patent mitral and tricuspid septum</b>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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)	
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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?	
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2. I hereby certify that I attended the deceased from **11-14, 1952**, to **11-15, 1952**, that I last saw the deceased alive on **11-15, 1952**, and that death occurred at **4 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Francis Janydar M.D.</b>		23b. ADDRESS <b>California Mo.</b>		23c. DATE SIGNED <b>11.15.52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/16/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Flag Spring Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>California, Mo</b>
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DATE REC'D BY LOCAL REG. <b>11-20-52</b>		REGISTRAR'S SIGNATURE <b>N. L. Popy of L.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earl Bowler California</b>	
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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.....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.

*Not Embalmed*