

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22955

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 hrs.</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanatorium</u>				f. STREET ADDRESS (If rural, give location) <u>East of Mc Burt</u> <u>06-80</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>L</u> c. (Last) <u>WALTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1955</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>June 10, 1890</u>		9. AGE (In years last birthday) <u>84</u>	UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Canton, Penn., Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Watter</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wertz</u>		14. NAME OF HUSBAND OR WIFE <u>Malinda Schoenthal</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Walter California, 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>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) 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 <u>Feb 2 1955</u> , to <u>July 7 1955</u> , that I last saw the deceased alive on <u>July 7 1955</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Keiryon Latham M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>7-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Evangelist</u>		24d. LOCATION (City, town, or county) (State) <u>S.W. of Mc Burt Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7/9/55</u>		REGISTRAR'S SIGNATURE <u>H. L. Papey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *A. E. Wilson*

Licensed Embalmer No. *235*

P. O. Address *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.