

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4269

No. 300  
10.48

17  
2  
0

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

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>4080</u>		Registrar's No. <u>7</u>					
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		c. LENGTH OF STAY (In this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne Mo.</u>		2					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Norborne Mo.</u>				d. STREET ADDRESS (If rural, give location) _____				0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>BEARD</u>			c. (Last) <u>WALKER</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>March 6 1949</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>Jan. 31-1864</u>		9. AGE (In years last birthday) <u>85</u>			
						IF UNDER 1 YEAR		IF UNDER 24 HRS.			
						Months <u>1</u>		Days <u>5</u>			
						Hours _____		Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Chariton County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Greenberry Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Beard</u>			14. NAME OF HUSBAND OR WIFE <u>Fabrika (Franklin) Walker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>William Walker</u>			ADDRESS <u>Richmond, 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						INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
				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 degeneration of senility.</u>							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H2O</u>							
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no no no</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no no no no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>							
22. I hereby certify that I attended the deceased from <u>11-23-</u> , 1943, to <u>3-6-</u> , 1949, that I last saw the deceased alive on <u>3-6-</u> , 1949, and that death occurred at <u>2:45 p. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Joseph S. Marshall M.D.</u>				23b. ADDRESS <u>NORBORNE MO.</u>				23c. DATE SIGNED <u>3-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 8-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stet Mo.</u>					
DATE REC'D BY LOCAL REG. <u>MAR. 8-1949</u>		REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>					
						ADDRESS <u>Richmond, Mo.</u>					

**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.

Signed Thomas J. Carter

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.