

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5375

523

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

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 7

| | | | |
|---|----------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Knox</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before death, give institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City (Rural)</u> | |
| c. LENGTH OF STAY (in this place) <u>60 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>R.R. 3</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbridge</u> b. (Middle) <u>Lee</u> c. (Last) <u>Walker</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1949</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 16 1878</u> |
| 9. AGE (In years last birthday) <u>75</u> 11 <u>24</u> | | 10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>David J. Walker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Belle Ringers</u> | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 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. <u>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>D. A. Walker</u> | | ADDRESS <u>Knox City</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Bronchial Asthma</u> <u>20 yrs</u> | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>2417</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) (Min) | | 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>Jan 18 1878</u> to <u>Feb 10 1949</u> , that I last saw the deceased alive on <u>Feb 10 1949</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Waldo B. Brown</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>Knox City Mo</u> | |
| 23c. DATE SIGNED <u>2/12/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>Feb-12-49</u> | | REGISTRAR'S SIGNATURE <u>W. S. Nunetto</u> 151 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> | | ADDRESS <u>Ewing, Mo</u> | |

RECEIVED
District Health Officer No. 10
District File Number 2-49-347
Date Filed FEB 21 1949

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing 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.