

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8912

5581 State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2002 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN Salina Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (In this place) 30 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rte #2		d. STREET ADDRESS (If rural, give location) Rte #2	

3. NAME OF DECEASED (Type or Print)	a. (First) RODNEY	b. (Middle) WENDELL	c. (Last) WALKER	4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 49
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15, 1870	9. AGE (In years last birthday) 78	# UNDER 1 YEAR Months 3 Days 0	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph op'r	10b. KIND OF BUSINESS OR INDUSTRY Telegraph Op'r	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John W. Walker	13b. MOTHER'S MAIDEN NAME Evdia A. Judy	14. NAME OF HUSBAND OR WIFE Alberta Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Alberta Walker, Joplin, Mo. ADDRESS R 2
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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 1 wk 2 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4701	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. _____	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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22. I hereby certify that I attended the deceased from **2-19**, 19**49**, to **3-15**, 19**49**, that I last saw the deceased alive on **3-15**, 19**49**, and that death occurred at **10:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Schubert O Mel (Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-49	24c. NAME OF CEMETERY OR CREMATORY Saginaw	24d. LOCATION (City, town, or county) (State) Saginaw Mo.
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DATE REC'D BY LOCAL REG. 3-21-49	REGISTRAR'S SIGNATURE W. J. Daniels	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker ADDRESS Mortuary, Joplin, Mo.
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(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.

Signed F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 3319

P. O. Address Poplar Ave

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.