

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32990

BIRTH NO. _____ REG. DIST. NO. 5117 PRIMARY REG. DIST. NO. 5117 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cedar</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Hartsburg R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hartsburg R.F.D.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>J</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-24-1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-21-1901</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Hallicker</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Haebmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Arvil Walker</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arvil Walker Hartsburg Mo.</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Cellulitis acute septicemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic tumor</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
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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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22. I hereby certify that I attended the deceased from 10-24, 1949, to 10-24, 1949, that I last saw the deceased alive on 10-24, 1949, and that death occurred at 7 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>LeRoy Miller M.D.</u>		23b. ADDRESS <u>Ashland, Mo.</u>		23c. DATE SIGNED <u>10-26-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Mo</u>	
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DATE RECD BY LOCAL REG. <u>10-26-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Mildred Burnett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. L. Burnett Ashland Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1949

District File Number _____
District Health Officer No. 9,

NOV 9 1949

RECEIVED

NOV 17 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

W. C. Bennett

Licensed Embalmer No. 3564

P.O. Address Ashland, 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.