

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 143

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 4538		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u>			c. LENGTH OF STAY (In this place) <u>6 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles, Mo</u>			0710
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Rest Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leora D.</u> b. (Middle) <u>WALKER</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7-1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>23</u>	IF UNDER 24 HRS. Hours <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 <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>U</u> <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>L. R. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Francis</u>		14. NAME OF HUSBAND OR WIFE <u>Gilbert M. Walker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. L. Walker - Versailles, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
18. INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	331X						
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) (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>Aug 1, 1949</u> , to <u>Jan 1, 1950</u> , that I last saw the deceased alive on <u>Dec 31, 1949</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Walker</u>				23b. ADDRESS <u>Warsaw, Mo</u>		23c. DATE SIGNED <u>1/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-Jan-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopwell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-Jan-1950</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kidwell</u>		ADDRESS <u>Versailles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number

12-49-1569

Date Filed

1-9-50

STATEMENT BY LICENSED EMBALMER

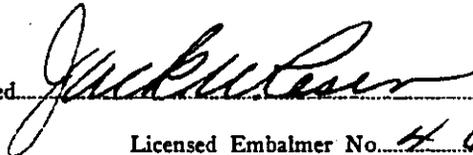
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4643

P. O. Address Warsaw

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.