No. 300
10-48

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 868

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 55

396
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1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trotter's Nursing Home (615 N. Main)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 615 N. Main D

3. NAME OF DECEASED (Type or Print)
a. (First): Miss
b. (Middle): Juritta Evangeline
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): January 18 1950

5. SEX: F M /

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 1, 1868

9. AGE (In years last birthday): 81
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Jasper Co. Mo. D

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Rufus King Walker

13b. MOTHER'S MAIDEN NAME: Lydia Terrell

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Mabel Brockus, 2048 N. Park Springfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Dementia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Refused to Eat - & had
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bedsores which she scratched

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

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): 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Several, 19__, *to* Calls, 19__, *that I last saw the deceased alive on* Dec 19, 1949, *and that death occurred at* 4:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Garrett Hogg M.D.D.
23b. ADDRESS: 105 3 Roanoke
23c. DATE SIGNED: 1-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21, 1950
24c. NAME OF CEMETERY OR CREMATORY: Purdy, Mo.
24d. LOCATION (City, town, or county) (State): Purdy, Barry Co. Mo.

DATE REC'D BY LOCAL REG.: 1-30-50
REGISTRAR'S SIGNATURE: M. Handley MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W L Lemon Springfield, MO.

(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 H L McCann

Signed _____
Student Embalmer

Licensed Embalmer No. 2727

P. O. Address Springfield Mass.

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.