

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8410

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5499 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hatfield Lincoln		c. LENGTH OF STAY (in this place) 8 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hatfield		0410
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Lincoln Twp.		

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) P. c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) 3 18 1950		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). widow	8. DATE OF BIRTH 8 29 1874		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Walnut Grove Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME David Keith		13b. MOTHER'S MAIDEN NAME Parthenia Vaughn		14. NAME OF HUSBAND OR WIFE Benjamin O. Walker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Edith Sanders Hatfield, Mo.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443 X

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) <input checked="" type="checkbox"/>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 10 1949**, to **3-18 1950**, that I last saw the deceased alive on **3-17 1950**, and that death occurred at **1309 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <i>[Address]</i>	23c. DATE SIGNED 2-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3 18 1950	24c. NAME OF CEMETERY OR CREMATORY Logan Iowa Cemetery	24d. LOCATION (City, town, or county) (State) Logan, Iowa
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DATE REC'D BY LOCAL REG. Apr 22 50	REGISTRAR'S SIGNATURE Chas. A. Clair 119	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arch C. Duffer, Grant City, Mo.
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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. 3252

working under my personal supervision.

Student
Student Embalmer

Signed Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.