

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23012
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4083

1. PLACE OF DEATH
a. COUNTY CARROLL
b. CITY OR TOWN DE WITT
c. LENGTH OF STAY (in this place) 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission).
a. STATE MISSOURI DE WITT
b. COUNTY CARROLL
c. CITY OR TOWN DE WITT Mo.
d. STREET ADDRESS 0170

3. NAME OF DECEASED (Type or Print)
a. (First) HUEDELL
b. (Middle) WALKER
c. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year)
8-5-1950

5. SEX MALE

6. COLOR OR RACE COLO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE

8. DATE OF BIRTH 1-20-1925

9. AGE (In years last birthday) 25
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY DAY WORK

11. BIRTHPLACE (State or foreign country) DE WITT Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HUEDELL WALKER

13b. MOTHER'S MAIDEN NAME MARIE GORDON

14. NAME OF HUSBAND OR WIFE SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 2ND WORLD WAR-500-20-0897

16. SOCIAL SECURITY NO. 2ND WORLD WAR-500-20-0897

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ira Gordon Brunswick

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) Drowned in Grand River.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Grand River.
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
20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21c. (CITY, TOWN, OR TOWNSHIP) Brunswick (COUNTY) Carroll (STATE) Mo.

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Grand River

21f. HOW DID INJURY OCCUR? DROWN.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/5/1950 12:30 PM

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

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Ray Dickinson (Degree or title) Coroner

23b. ADDRESS Bogard Mo

23c. DATE SIGNED 8/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 8-7-1950

24c. NAME OF CEMETERY OR CREMATORY COLORED

24d. LOCATION (City, town, or county) (State) DE WITT MISSOURI

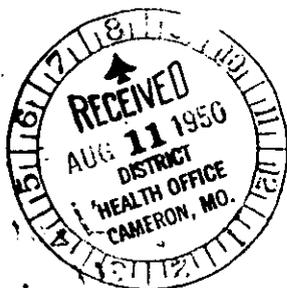
DATE REC'D BY LOCAL REG. 8-9-1950

REGISTRAR'S SIGNATURE Pearl Koch 47

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Meersel Brunswick

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

AUG 14 1956



SEP 2 0 1956

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 *L. W. [Signature]* _____

Licensed Embalmer No. *823* _____

P. O. Address *Brunswick 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.