

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26363

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 7-3

1. PLACE OF DEATH, a. COUNTY <u>Clinton Clay.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. E. of Lathrop</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMEN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>WALKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 19-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 9-1889</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Lathrop Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Charles W. Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Walker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Walker</u> ADDRESS <u>Lathrop 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
	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>Hypertensive Cardio-vascular disease</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

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)	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 2-7, 1949, to 6-19, 1950, that I last saw the deceased alive on 6-19, 1950, and that death occurred at 11:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>F. A. Santner M.D.</u> (Degree or title)	23b. ADDRESS <u>Lathrop, Mo.</u>	23c. DATE SIGNED <u>6-20-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 22-50</u>	REGISTRAR'S SIGNATURE <u>Beulah Fitchner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DeMar Crunk</u> ADDRESS <u>Lathrop, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

07040



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 Harold L. Walker

Licensed Embalmer No. 45-88

P. O. Address. Lathrop, 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.