

FILED DEC 30 1950

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41494

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 423	
1. PLACE OF DEATH a. COUNTY Marion County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Shelby / 1021			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hannibal, Mo)		c. LENGTH OF STAY (In this place) 6 Dya		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina, Mo.		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Levering Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Caroline Josephine Walker			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 12-13-1950							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-29-1876	
9. AGE (In years last birthday) 74		10. MONTHS 2		11. DAYS 14		12. HOURS 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Shelby County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ridgway			13b. MOTHER'S MAIDEN NAME Martha Hendricks			14. NAME OF HUSBAND OR WIFE Lonnie Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE AND NAME ADDRESS Lonnie Walker, Shelbina, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cosmang Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cosmang Sclerosis				5 yrs.	
		DUE TO (c) Acute appendicitis				5501	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Plastic peritonitis				1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Ruptured acute appendix Plastic peritonitis				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00P m. , from the causes and on the date stated above.							
23a. SIGNATURE J. L. Green M.D. (Degree or title)				23b. ADDRESS 100 N. 6th St. Hannibal		23c. DATE SIGNED 12/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-1950		24c. NAME OF CEMETERY OR CREMATORY Graves Cemetery		24d. LOCATION (City, town, or county) (State) Clarence, Mo.	
DATE REC'D BY LOCAL REG. 12-23-50		REGISTRAR'S SIGNATURE A. E. M. Tucker		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Barkeley-Hawkins, Shelbina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 27 1950
MASON CO. HEALTH DEPT.
DATE FILED DEC 28 1950

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.....

W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne 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.