

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15415

56

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington township</u>		c. LENGTH OF STAY (If this place) <u>1-4-10</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				3. NAME OF DECEASED a. (First) <u>James</u>				b. (Middle) <u>Virgil</u>	
				c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>5</u> (Year) <u>1952</u>			
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>6-26-1867</u>			
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>10</u>		11. DAYS <u>10</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 MIN. Hours Min.			
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>Georgia</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Jonathan Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Merry Parks</u>			
14. NAME OF HUSBAND OR WIFE <u>Georgia Walker</u>				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>State Hosp. # 3 Nevada Mo.</u>				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.					
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4500</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Psychosis</u>					
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 <u>4-28</u> , 19 <u>52</u> , to <u>5-5</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>May 5</u> , 19 <u>52</u> , and that death occurred at <u>5:50 PM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>George Wheeler Wilson M.D.</u>				23b. ADDRESS <u>State Hosp # 3 Nevada Mo</u>		23c. DATE SIGNED <u>5-5-1952</u>			
24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lourent Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-7-1952</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath & Siff</u>		ADDRESS <u>Adrian Mo</u>			

(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.

Student
Student Embalmer

Signed _____ *Leslie*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.