

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17479**

No. 300
10-48

FILED JUN 4 1952

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 99

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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | |
| b. CITY OR TOWN <u>Salem</u> | | c. CITY OR TOWN <u>Salem</u> | |
| c. LENGTH OF STAY (in this place) <u>op. 16 hrs</u> | | d. STREET ADDRESS (If rural, give location) <u>X</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u> | | | |

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|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>James Walker</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-29-1952</u> |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>11-3-34</u> | 9. AGE (In years last birthday) <u>17</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | 11. BIRTHPLACE (State or foreign country) <u>Dent Co Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Sheldon Walker</u> | 13b. MOTHER'S MAIDEN NAME <u>Grace Walker</u> | 14. NAME OF HUSBAND OR WIFE <u>single</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>X</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Walker Salem 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) <u>Infection pneumoniae thorax</u> DUE TO (c) <u>Ruptured diaphragm</u> <u>Auto accident</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 4-29-1952 to 4-29-1952, that I last saw the deceased alive on 19, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

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|---|------------------------------|--------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Salem Mo</u> | 23c. DATE SIGNED <u>5-1-52</u> |
|---|------------------------------|--------------------------------|

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|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>5/2/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u> |
|---|-------------------------|---|---|

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| DATE REC'D BY LOCAL REG. <u>May 29, 1952</u> | REGISTRAR'S SIGNATURE <u>Dadine L. Stoll</u> | 380 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Salem Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 26 1952

JUN 4 1952

County File Number
Date Filed 6-3-52

JUN 10 1952

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 9370

P. O. Address Salem Mo

MAY 12 1952
SALAM, 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.