

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

1952
JUL 2-1952

STANDARD CERTIFICATE OF DEATH

State File No. 19942

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5372 Registrar's No. 157952

1. PLACE OF DEATH a. COUNTY <u>Stoward</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoward</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) _____	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>Approx 5 mi. E. of Puka Mo. On Hwy 66</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles E. of Puka Mo.</u>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Francis</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-17-1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-10-1876</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Central, So. Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Eben Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Jake E. Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. James Walker Dec'd</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ivan Walker</u> ADDRESS _____	

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>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>	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) <u>4201</u>
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? _____

22. I hereby certify that I attended the deceased from June 10, 1952, to June 17, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 8 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. M. Green M.D.</u>	23b. ADDRESS <u>Portiac, Mich</u>	23c. DATE SIGNED <u>6/20/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Steeleville Stoward P. Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shandley, Ste. Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>6-20-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 3472

P. O. Address Suba, 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.