

FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23305

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 141

1. PLACE OF DEATH
 a. COUNTY Scott
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston
 c. LENGTH OF STAY (in this place) 3 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. Delta Community Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY New Madrid
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kewanee
 d. STREET ADDRESS (If rural, give location) P. O. Kewanee

3. NAME OF DECEASED (Type or Print)
 a. (First) Willie b. (Middle) Edward c. (Last) Walker
 4. DATE OF DEATH (Month) (Day) (Year) June 30 1952

5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 6-10-1863 9. AGE (in years last birthday) 89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Mississippi 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ben Walker 13b. MOTHER'S MAIDEN NAME Elizabeth Baker 14. NAME OF HUSBAND OR WIFE Mary Jane Springer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NR 16. SOCIAL SECURITY NO. NR 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Baker ADDRESS Kewanee 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of the Skull
 ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) E8124 25

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Struck by auto/highway 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New Madrid, Co.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 28 52 a. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Struck by auto

22. I hereby certify that I attended the deceased from 4/28, 1952, to 6/30, 1952, that I last saw the deceased alive on 6/30, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas C. McClure 23b. ADDRESS Sikeston, Mo. 23c. DATE SIGNED 7/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) 1 24b. DATE 7/6 52 24c. NAME OF CEMETERY OR CREMATORY Gubron Mo 24d. LOCATION (City, town, or county) (State) Gubron Mo

DATE REC'D BY LOCAL REG. 7/1-52 REGISTRAR'S SIGNATURE Wm. A. Fisher 25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Home ADDRESS John. N. Hill

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

2003

RECEIVED JUL 7 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 752-212

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.....

L. W. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 2427

P. O. Address Frederick Md

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.