

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

S. No. 300

V. 10. 48

FILED JAN 27 1953

REG. DIST. NO. 179

PRIMARY REG. DIST. NO. 4552

Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Wright</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Mo.</i> b. COUNTY <i>Wright</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>Mt. Grove</i>		c. LENGTH OF STAY (In this place) <i>15 years</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Mt. Grove</i>		1141			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>122 S. Lake</i>				d. STREET ADDRESS (If rural, give location) <i>122 S. Lake</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>M.</i> c. (Last) <i>Walker</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-4-53</i>						
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-2-72</i>		9. AGE (In years last birthday) <i>80</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer (Retired)</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>George W. Walker</i>			13b. MOTHER'S MAIDEN NAME <i>Mary L. Young</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Walker</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ethel Jones Ava Mo Bol 84</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4341</i>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <i>Suicide</i>		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) m.		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 <i>12-20-1952</i> , to <i>1-4-1953</i> , that I last saw the deceased alive on <i>1-4-1953</i> , and that death occurred at <i>6 P. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Dr. Denney M.D.</i>				23b. ADDRESS <i>Mt. Grove Mo.</i>			23c. DATE SIGNED <i>1-5-53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-8-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Denney</i>		24d. LOCATION (City, town, or county) (State) <i>Ava, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>1-8-53</i>		REGISTRAR'S SIGNATURE <i>A.B. Jones</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>3480</i>		ADDRESS <i>Glinkingbeard Funeral Home, Ava, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 13 1953
WRIGHT CO. HEALTH DEPT.
County File Number 153-9
Date Filed 1-24-53

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 Charles R. Fish

Licensed Embalmer No. 4668

P. O. Address Avon, 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.