

FILED JUL 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25985

BIRTH (MO) REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington 0900	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owen Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lillian	b. (Middle) Maude	c. (Last) Walker	(Month) July	(Day) 10	(Year) 53
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1869		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Justin Temple	13b. MOTHER'S MAIDEN NAME Jane Winchel	14. NAME OF HUSBAND OR WIFE Wm. Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rena Martin Ellington Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		DUE TO (b)		2 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 1, 1953 to July 8, 1953, that I last saw the deceased alive on July 8, 1953, and that death occurred at 12:10 A. M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Briggman (Degree or title)	23b. ADDRESS Ellington Mo.	23c. DATE SIGNED 7-18-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-12-53	24c. NAME OF CEMETERY OR CREMATORY Ellington	24d. LOCATION (City, town, or county) (State) Ellington Mo.
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DATE REC'D BY LOCAL REG. 7/18/53	REGISTRAR'S SIGNATURE Essie Evans 276	25. FUNERAL DIRECTOR'S SIGNATURE SEaton Peritt van Buren	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 7-29-53  
Reynolds County Health Ce  
File No. 753 - 15

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 Seston Peritt

Licensed Embalmer No. 2287

P. O. Address van Buren m

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.