

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 31 1953

REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demarcat</u>	
b. CITY OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (In this place or township) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>400 West 18th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Demarcat Memorial</u>			
3. NAME OF DECEASED a. (First) <u>Guy</u> b. (Middle) <u>F</u> c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-10-1953</u>	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June-30-1902</u>	
9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>10</u> IF UNDER 24 HRS Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>air craft</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hampson Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John H. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Reina E. Dye</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Maysie P. Walker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Maysie Walker</u>		ADDRESS <u>Caruthersville</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drank Carbolis Acid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUCE TO (b) <u>suicide</u></u> <u>DUCE TO (c)</u> 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 <u>E9712</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Caruthersville</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Demarcat Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-10-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Drank Carbolis Acid</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John St. German</u>		23b. ADDRESS <u>Hayti, Mo</u>	
23c. DATE SIGNED <u>8-10-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/12/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-21-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge</u>	
REGISTRAR'S SIGNATURE <u>John W. German</u>		ADDRESS <u>Caruthersville</u>	

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

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NO!

8-275-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 28 1953

SEP 28 1953

SEP 3 1953

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 E. Mungler

Licensed Embalmer No. 4877

P. O. Address. Caruthersville, 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.