

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39583**

DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>121</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>92 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>05 42 0</u> <u>1415 South St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1415 South St.</u>				d. STREET ADDRESS (If rural, give location) <u>1415 South St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>Hainkel</u> c. (Last) <u>Walk</u>			4. DATE OF DEATH <u>November 21, 1953</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>April 14, 1861</u>		
9. AGE (In years last birthday) <u>92</u>		10. MONTH <u>7</u>		11. DAYS <u>7</u>		IF UNDER 1 YEAR OF ORDER IN HRS. Hours <u>7</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Hainkel</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stephanie</u>			14. NAME OF HUSBAND OR WIFE <u>Chris Walk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Stalling, Lexington, Mo.</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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION _____		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>Lexington Missouri</u>		21d. HOW DID INJURY OCCUR _____		
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 <u>August</u> , 19 <u>53</u> , to <u>November 21, 1953</u> , that I last saw the deceased alive on <u>November 21, 1953</u> , and that death occurred at <u>9:50 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Betty H. Slaughter, D.O.</u> (Degree or title)				23b. ADDRESS <u>Lexington Missouri</u>		23c. DATE SIGNED <u>November 22, 1953</u>		
24a. BURIAL LOCATION <u>Burial</u>		24b. DATE <u>November 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>		
DATE REC'D BY REG. <u>12-8-53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Eastburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. Gumpel</u>		ADDRESS <u>Lexington, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Laughton

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 *Leo McKeen* _____

Licensed Embalmer No. *2983*

P. O. Address *Laughton, Missouri*

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.