No. 300
10.48

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

FILED FEB 1 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 526

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 9

**1. PLACE OF DEATH**
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): Hospital
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill
d. STREET ADDRESS (If rural, give location): 127 South Randolph

**3. NAME OF DECEASED** (Type or Print)
a. (First): Samuel
b. (Middle): L.
c. (Last): Walker

**4. DATE OF DEATH** (Month) (Day) (Year): 1-15-1954

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): single
**8. DATE OF BIRTH**: 1-6-1880
**9. AGE** (In years last birthday): 73
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Clerk
**10b. KIND OF BUSINESS OR INDUSTRY**: R.R. Express Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Pleasant Hill, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S. A.

**13a. FATHER'S NAME**: John Walker
**13b. MOTHER'S MAIDEN NAME**: Sallie Rudd
**14. NAME OF HUSBAND OR WIFE**: none

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: no
**17. INFORMANT'S SIGNATURE OR NAME**: Stanley Walker
ADDRESS: Plea ant Hill, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiovascular renal disease — 5 yrs
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**: 442X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 23 April, 1948, *to* 15 Jan, 1954, *that I last saw the deceased alive on* 14 Jan, 1954, *and that death occurred at* 403 m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: W Ehlend MD (Degree or title)
**23b. ADDRESS**: Pleasant Hill, Mo
**23c. DATE SIGNED**: 1-16-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-18-54
**24c. NAME OF CEMETERY OR CREMATORY**: Pleasant Hill Cem
**24d. LOCATION** (City, town, or county) (State): Pleasant Hill Mo

DATE REC'D BY LOCAL REG.: Jan 23 1954
REGISTRAR'S SIGNATURE: Nora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Allen Brownfield
ADDRESS: Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 30 1954
WEBB COUNTY
HEALTH DEPARTMENT

## 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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.