

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

633

State File No.

No. 300
10.48

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4132 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt</u> c. LENGTH OF STAY (in this place) <u>years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt</u> d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) <u>Josephine</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July 1, 1893</u>	9. AGE (In years, last birthday) <u>60</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. telephone operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co. Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Green</u>	13b. MOTHER'S MARDEN NAME <u>Martha Moore</u>	14. NAME OF HUSBAND OR WIFE <u>John S. Walker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-09-7549</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. Walker Wickliffe</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery disease</u> ANTECEDENT CAUSES 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.	INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs or more</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from July, 1953, to _____, 19____, that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 10:22A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Gadsden M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>1/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 10 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pathos</u>	24d. LOCATION (City, town, or county) (State) <u>Pathos Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 12 1954</u>	REGISTRAR'S SIGNATURE <u>Mabel Graham</u>	ADDRESS <u>491</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u> ADDRESS <u>Kearney Mo</u>
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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.....

Leonard Jay

Licensed Embalmer No. *1677*

P. O. Address *Kearney 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.