

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28625

FILED SEP 14 1954

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 294   |  | PRIMARY REG. DIST. NO. 4438  |  | Registrar's No. 210   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Randolph</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jacksonville</u>   |  | c. LENGTH OF STAY (In this place) <u>5 yrs.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jacksonville</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Jacksonville</u>       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jacksonville</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>Jacksonville</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Lewis</u>   |  | b. (Middle) <u>Philip</u>  |  | c. (Last) <u>Walker</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4 1954</u>             |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |  | 8. DATE OF BIRTH <u>Aug 28, 1874</u>                                  |  |
| 9. AGE (In years last birthday) <u>80</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 9. AGE (In years last birthday) <u>80</u>                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>                          |  |
| 13a. FATHER'S NAME <u>John W. Walker</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Sarah H. Lister</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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 ADDRESS <u>J.W. Walker Jacksonville, Mo.</u>   |  |   |  |
| 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) <u>Hypertensive Cardiovascular Dis</u>  |  | ANTECEDENT CAUSES DUE TO (b) <u>Genus of arteriosclerosis</u>  |  |  |  |   | 3 yrs  |
| *This does not mean the mode of dying, such as heart failure, ashenia, 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 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) _____  |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____                 |  |
| 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>Jan 1951</u> , to <u>Sept 1954</u> , that I last saw the deceased alive on <u>Sept 2, 1954</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>William Lewis Jones</u>  |  |  |  | 23b. ADDRESS <u>Waverly Mo</u>   |  | 23c. DATE SIGNED <u>Sept 14 1954</u>                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>  |  | 24b. DATE <u>Sept. 6, 1954</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>R.F.D. Macon Mo.</u> |  |
| DATE REC'D BY LOCAL REG. <u>9/6/54</u>   |  | REGISTRAR'S SIGNATURE <u>W. Lewis Jones</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Hutton</u>  |  | ADDRESS <u>Macon, Mo.</u>   |  |

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

2880

**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 L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.