

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2099

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Humansville</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Geo. Dimmitt Mem. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>R. 1, Dunnegan 0200</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 9 55</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 19, 1885</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Juda Ellen Gannaway</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>66</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maymie Carving Olathe Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.					
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>171 X</u>			
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>1/11</u> , 19 <u>55</u> , to <u>1/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/19</u> , 19 <u>55</u> , and that death occurred at <u>6:00 P.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Robinson M.D.</u>				23b. ADDRESS <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>1/19/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plum Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Polk County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan 12, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon Jewell Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beckwith Funeral Home, Humansville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 21 1955

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.....
Signature of Student Embalmer

Signed *O. H. Beckwith*

Licensed Embalmer No. *3937*
P. O. Address *Hannasail*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.