

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4416

State File No.

FILED MAR 3 1955

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No.

1350
2 1955

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Independence		c. LENGTH OF STAY (In this place) 26 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route Hermandale		e. STREET ADDRESS (If rural, give location) 1042 A. Elliot St.	

3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) 1 26 55		
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married	8. DATE OF BIRTH 1-6-1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkandas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hokes		13b. MOTHER'S MAIDEN NAME Ollie Irene Garner		14. NAME OF HUSBAND OR WIFE Matthews Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline White St. Louis, 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) Stroke			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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) 334 X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:20 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver, Coroner Dunklin County		23b. ADDRESS Kennett, Missouri		23c. DATE SIGNED 1-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-31-1955		24c. NAME OF CEMETERY OR CREMATORY St. Louis	
				24d. LOCATION (City, town, or county) (State) St. Louis, MO	

DATE REC'D BY LOCAL REG. Chas. A. Bridger		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home St. Louis Mo.	
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MAR 3 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.....

Licensed Embalmer No.....
P. O. Address.....

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.