

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29154

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 42 Years		e. STREET ADDRESS (If rural, give location) 325 N. W. 8th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 25 N.W. 8th St., Fulton MO			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Prince	b. (Middle) Calvin	c. (Last) Walker	Sept. 13, 1955		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1888	9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months 1 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Boon County		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Prince Walker	13b. MOTHER'S MAIDEN NAME Lou Chesteen	14. NAME OF HUSBAND OR WIFE Mrs. Dorothy Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490 01 20720	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Walker	ADDRESS 325 N.W. 8th.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH MINUTES YEARS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 15, 1955, to Aug. 12, 1955, that I last saw the deceased alive on Aug. 9, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Tom Brewer MD (Degree or title)	23b. ADDRESS 607 Court FULTON, MO.	23c. DATE SIGNED 9-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 17, 1955	24c. NAME OF CEMETERY OR CREMATORY South Side	24d. LOCATION (City, town, or county) (State) Fulton Missouri
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DATE REC'D BY LOCAL REG. Sept 14, 1955	REGISTRAR'S SIGNATURE Margaret Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Vernon T. Bell	ADDRESS 821 State Street
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(Licensed Embalmer's Statement on reverse side)

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

7/10/17 1917

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 *Harry T. Bell*.....

Licensed Embalmer No. 4867.....

P. O. Address. *Fulton, Miss*.....

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.