

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12877

State File No.

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5426 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertsville</u>		c. CITY OR TOWN <u>Robertsville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>R.R. 1</u> <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emerson</u> b. (Middle) _____ c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>August 10 1921</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Clifford Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kermath</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 720220.21</u>		16. SOCIAL SECURITY NO. <u>490-12-0536</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Yolkeol Robertsville</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) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Fractured Skull</u>			
		DUE TO (c) <u>Internal Injuries</u>			
		<u>In auto accident</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Lacer 2 3 miles south of Robertsville</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Lacey U.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Robertsville Calway Franklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 5 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>loss control of Car & turned over</u>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest L. Oldman</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Beard, Mo</u>		23c. DATE SIGNED <u>May 5 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Robertsville Mo.</u>	

DATE REC'D BY LOCAL REG. <u>May 6 1956</u>		REGISTRAR'S SIGNATURE <u>Mary B. Grass</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas R. ...</u>		ADDRESS <u>St Louis Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

p. 300
p. 48

MAR 26 1956

MAY 12 1956

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 not embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. F. Altman

Licensed Embalmer No..... 16

P. O. Address Union

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.