

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19709

|   |                                  |  |   |  |
|---|----------------------------------|--|---|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>42</u>   | PRIMARY REG. DIST. NO. <u>1000</u>  | Registrar's No. <u>846</u>   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><u>St. Joseph</u>   |                                  | c. CITY OR TOWN <u>St. Joseph</u>  | d. Is Residence within limits of a city or incorporated town?<br><u>Yes</u> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place)<br><u>52 Yrs.</u>   |                                  | e. STREET ADDRESS (If rural, give location)<br><u>630 South 22nd Street</u> <sup>0117</sup>  |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <u>Missouri Meth. Hospital</u>  |                                  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Amos</u>   |                                  | b. (Middle) <u>Toussaint</u>   | c. (Last) <u>Walker</u>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 8 1956</u>                          |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   | 8. DATE OF BIRTH<br><u>June 30-1872</u>   | 9. AGE (In years less birthday) <u>85</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Teacher (Ret.)</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>St. Jos. Pub. Sch</u>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Ontario, Canada</u>                            | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>William P. Walker</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Kersey</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Lena Walker</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Thelma Chambers-630 S. 22nd</u>                    |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.   |                                  | MEDICAL CERTIFICATION<br><u>Intestinal obstruction</u><br>(Dissecting)<br><u>Aneurysm of abdominal aorta</u>                                 |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 days</u>                                    |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  |                                  | DUE TO (b) <u>Arteriosclerotic heart disease,</u>  |   | 8ev. yrs.  |
| ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost.</u>  |                                  | DUE TO (c) <u>pulmonary congestion, bi-lateral</u>   |   | <u>10 days.</u>  |
| II. OTHER SIGNIFICANT CONDITIONS  |                                  |  |   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>451X</u>  |   | 20. AUTOPSY?<br>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)   |                                  | 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>1952</u> , <u>19</u> , to <u>6-8-56</u> , <u>19</u> , that I last saw the deceased alive on <u>6-8-56</u> , <u>19</u> , and that death occurred at <u>3:25P</u> m., from the causes and on the date stated above. |                                  |  |   |  |
| 23a. SIGNATURE<br><u>E. Handley</u>   |                                  | (Degree or title) <u>M. D.</u>   | 23b. ADDRESS<br><u>311 Physician &amp; Surgeons</u>   | 23c. DATE SIGNED<br><u>6-11-56</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>June 12-'56</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ashland Cemetery</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo.</u>              |
| DATE REC'D BY LOCAL REG.<br><u>June 15, 1956</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Kathleen M. Allison</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Wm. H. Alexander, St. Joseph, Mo.</u> |

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

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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..... *Wm. H. Alexander*

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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.