

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24626

State File No.

 BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 142

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|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Miller</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY OR TOWN <u>Rural-Miller twsp. Rolla</u> | | 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>Route 3, Rolla, Missouri</u> | | | e. STREET ADDRESS (If rural, give location) <u>Route No. 3....5 Mi. N.W. Rolla</u> | | |

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|-------------------------------------|---------------------------|-------------------------|-------------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>CLYDE</u> | b. (Middle) <u>EDWARD</u> | c. (Last) <u>WALKER</u> | Month <u>Aug.</u> | Day <u>4.</u> | Year <u>1956</u> |

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|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 1, 1898</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-Carpentry</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming...Building</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri, Rt. 3</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|---|---|--|
| 13a. FATHER'S NAME <u>James Monroe Walker</u> | 13b. MOTHER'S MAIDEN NAME <u>Harriett Honae</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Blanche Walker</u> |
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|--|-----------------------------------|--|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>xx</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Walker, Rt. 3, Rolla Mo.</u> | ADDRESS _____ |
|--|-----------------------------------|--|---------------|

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> |
| 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 <u>4201</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) |
|--|--|---|

| | | |
|---|--|----------------------------|
| 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 not attended prior to death, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:50P m., from the causes and on the date stated above.

| | | | |
|--------------------------------------|-------------------------|------------------------------|--------------------------------|
| 23a. SIGNATURE <u>E. E. Feridman</u> | (Degree or title) _____ | 23b. ADDRESS <u>Rolla mo</u> | 23c. DATE SIGNED <u>8-8-56</u> |
|--------------------------------------|-------------------------|------------------------------|--------------------------------|

| | | | |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 8, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Rolla Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u> |
|---|-------------------------------|--|--|

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|---|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>Aug 8, 1956</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 25. PUBLIC HEALTH OFFICER'S SIGNATURE <u>Paul E. Hull</u> | ADDRESS <u>Rolla, Mo.,</u> |
|---|--|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
No. 48

380

RECEIVED

Phelps County Health Officer,

County File Number 191

Date Filed AUG 14 1958

AUG 23 1958

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..... *Paul E. New*

Licensed Embalmer No... 449

P. O. Address Dolla, I

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.