

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2099

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u>		c. LENGTH OF STAY (In this place) <u>6 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u>		d. STREET ADDRESS (If rural, give location) <u>STOVER MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KIDWELL REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>STOVER MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LANTIE</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>WALKERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 20 1957</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 29 1889</u>		9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>2</u>	11. DAYS <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>MORGAN COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN WALKERS</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE HINKEN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HENRY WALKERS</u> ADDRESS <u>CALIFORNIA MO</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Spine</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephroma Kidney</u>			<u>9 yrs</u>
				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? <u>2</u> 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>Jan 19 1947</u> to <u>Jan 20 1957</u> , that I last saw the deceased alive on <u>Jan 20 1957</u> , and that death occurred at <u>7:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. Washburn M.D.</u>				23b. ADDRESS <u>Versailles Mo</u>		23c. DATE SIGNED <u>1-21-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 23 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MORGAN COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>1-24-57</u>		REGISTRAR'S SIGNATURE <u>J. H. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Washburn</u>		ADDRESS <u>Stover Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4

214

FEB 18 1959

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
Student Embalmer

Signed J. L. Stinson
Licensed Embalmer No. 4073
P. O. Address Stover MO

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 this body is not embalmed, fact should be so stated above.