

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31514
STATE FILE NUMBER

FILED SEP 30 1957

Registration District No. 128 Primary Registration District No. 2200 Registrar's No. 906-A

300
-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY CARROLL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN BERRYVILLE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP.		Length of stay in lb 11 days	
d. STREET ADDRESS Springfield St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JACKSON ANDREW WALKER			4. DATE OF DEATH Month Day Year Sept. 17, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 20, 1884
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired hardware store operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Berryville, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME D. H. Walker	
13b. MOTHER'S MAIDEN NAME Julia Jackson		14. NAME OF HUSBAND OR WIFE Carrie Bunch Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT HOSPITAL RECORDS.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH 18 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Thrombosis			6 mo
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept 6, 1957 to Sept 17, 57 and last saw him alive on Sept 17, 57 Death occurred at 4:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Callaway, Jr MD		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED Sept 17, 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-18-57	
23c. NAME OF CEMETERY OR CREMATORY Berryville Mem. Park		23d. LOCATION (City, town, or county) (State) Berryville, Missouri	
24. FUNERAL DIRECTOR AYRE-GOODWIN, Inc. Springfield		25. DATE RECD. BY LOCAL REG. 9-23-57	
26. REGISTRAR'S SIGNATURE Earl Williams			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lucretia T. Bradley*

Licensed Embalmer No. *4875*

P. O. Address *Springfield*

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.