S. No. 300
v. 10-48

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32461

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Holden
c. LENGTH OF STAY (in this place) 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Holden Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN Holden
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) North Main Street 5100

3. NAME OF DECEASED (Type or Print)
a. (First) MARION
b. (Middle)
c. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year) SEPT 18 1957

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 22 1872
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 0 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Burlington RR
11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown Walker
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Josephine B Walker (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓✓✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs R J Jones Holden Mo ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal failure
DUE TO (c) Prostatism

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 610X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1957, *to* Sept 18, 1957, *that I last saw the deceased alive on* Sept 18, 1957, *and that death occurred at* 7 55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas P. Wescott (Degree or title) P.O.
23b. ADDRESS Holden, Missouri
23c. DATE SIGNED Sept 20, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 21 1957
24c. NAME OF CEMETERY OR CREMATORY St Michaels Cemetery
24d. LOCATION (City, town, or county) Brookfield Mo (State)

DATE REC'D BY LOCAL REG. Sept 21, 1957
REGISTRAR'S SIGNATURE Mrs. G. V. Redford
25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Kopp ADDRESS Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. L. Canaday

Licensed Embalmer No. 343

P. O. Address Holden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.