

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36283

STATE FILE NUMBER

FILED OCT 17 1957

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

433

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp		d. STREET ADDRESS (If outside, give location) 1930 Evanston	
3. NAME OF DECEASED (Type or print) First VALDA Middle A. Last WALKER		4. DATE OF DEATH Month Oct. Day 10, Year 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 checked="" type="checkbox"/>	8. DATE OF BIRTH July 12, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	9. AGE (In years, low birthday) 58
13a. FATHER'S NAME William Walker		13b. MOTHER'S MAIDEN NAME Elizabeth Bucklinger	11. BIRTHPLACE (City and state or country) Norborne, Missouri
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 190-09-2330	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT Mrs. John Coghlin, 3240 Webster, K.C., Kansas		14. NAME OF HUSBAND OR WIFE Acie Walker	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Intercranial metastasis from DUE TO (c) Lymphoepithelioma of nasopharynx			INTERVAL BETWEEN ONSET AND DEATH 16 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 146x	
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 5/16/56 to 10/10/57 and last saw her alive on 10/10/57 . Death occurred at 10:28 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. F. DeLoake M.D.		22b. ADDRESS 10901 Winner Rd., Indep., Mo.	
22c. DATE SIGNED 10/11/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Oct. 14, 1957		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
23d. LOCATION (City, town, or county) Independence, Missouri		24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.	
25. DATE RECD. BY LOCAL REG. 10-14-57		26. REGISTRAR'S SIGNATURE James Craig	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

NOV 1 1957
NOV 20 1957
FEB 13 1959

OCT 15 1957

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 *Raymond F. Hemann*

Licensed Embalmer No. *4266*
P. O. Address *Indy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.