

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1957

43340

STATE FILE NUMBER

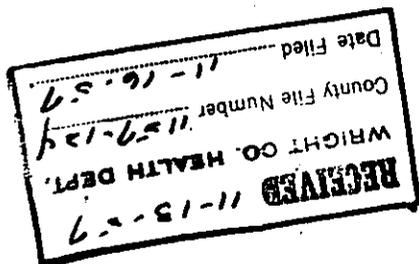
Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain Grove</u>		c. CITY OR TOWN <u>Mountain Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>823 Darrell St.</u>		d. STREET ADDRESS <u>823 Darrel Street</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>79 yrs</u>			
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Allen</u> Last <u>Walker</u>			4. DATE OF DEATH Month <u>October</u> Day <u>21</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> -DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 13, 1871</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer (retired)</u>	11. BIRTHPLACE (City and state or country) <u>Hamilton County, Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Simms</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Muench Walker</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.	17. INFORMANT Address <u>Mrs. Lizzie Walker-Mtn. Grove, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4500</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>10 years</u>
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"/>			
20a. 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.)	
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 <u>Feb 1955</u> to <u>Oct 21, 1957</u> and last saw him alive on <u>Oct. 21, 1957</u> Death occurred at <u>2:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Richard G. Matthews Sr</u> (Degree or title)		22b. ADDRESS <u>Mtn. Grove, Mo.</u>	22c. DATE SIGNED <u>10-31-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10/23/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dutch Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wright County, Missouri</u>
24. FUNERAL DIRECTOR <u>Barber Funeral Home Mtn. Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-4-57</u>	26. REGISTRAR'S SIGNATURE <u>A.B. Ames</u>

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



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 *George Stoff*

Licensed Embalmer No. *3161*

P. O. Address *1159-124*

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.