

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

43953
State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>Three 5/2 min</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>CAROLYN</u> b. (Middle) <u>ABERNE</u> c. (Last) <u>WALKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-1957</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>6-14-1943</u>		9. AGE (in years last birthday) <u>14</u>		IF UNDER 1 YEAR Months Days Hours Mins.		IF UNDER 24 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>Gideon, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
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13a. FATHER'S NAME <u>Colmer Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Rogers</u>			14. NAME OF HUSBAND OR WIFE <u>single</u>		
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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>Colmer Walker - Gideon, Mo</u>				ADDRESS <u>Gideon, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock and Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Trauma</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"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY. 25 Between</u>			21c. (CITY, TOWN, OR TOWNSHIP) <u>075</u> (COUNTY) (STATE) <u>Holcomb and Clarkton Dunklin Mo.</u>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-29-57 12:15</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car turned over...</u>			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:10a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Farver, M.D., Coroner</u>			23b. ADDRESS <u>Kennett, Mo.</u>			23c. DATE SIGNED <u>1-2-58</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Starfield Cem. Clarkton, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 5-58</u>		REGISTRAR'S SIGNATURE <u>Paul Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom Bradshaw Gideon, Mo.</u>				ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-6-58

COUNTY FILE NUMBER 158-329

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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 *Lloyd Russell*

Licensed Embalmer No. *509-Ark*

P. O. Address *Piggott, Ark.*

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.