

(THE DIVISION OF HEALTH OF MISSOURI)
STANDARD CERTIFICATE OF DEATH

44120
STATE FILE NUMBER
Registrar's No. **7203-A**

FILED DEC 30 1957

Registration District No. **128** Primary Registration District No. **2005**

S. 300
v. 1-57

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge | | d. STREET ADDRESS 1207 N. Robberson (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First TROY Middle AGNES Last WALKER | | 4. DATE OF DEATH Month Dec. Day 15, Year 1957 | |
| 5. SEX Female | 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 April 28, 1901 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Mansfield, Mo. |
| 13a. FATHER'S NAME William Young | | 13b. MOTHER'S MAIDEN NAME Alice Jackson | 14. NAME OF HUSBAND OR WIFE Frederick |
| 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. | 17. INFORMANT Address Mr. Frederick Walker Springfield, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myelogenous leukemia | | | INTERVAL BETWEEN ONSET AND DEATH Several weeks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) | | | 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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK | | 20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Oct 57 to Dec. 15, 1957 and last saw her alive on Dec. 15, 1957 Death occurred at 7:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. D. Hanss M.D. | | 22b. ADDRESS Springfield, Mo. | 22c. DATE SIGNED 12-18-57 |
| 23a. BURIAL, CREMATION REMOVAL (Specify) Burial | 23b. DATE 12-17-57 | 23c. NAME OF CEMETERY, OR CREMATORY Frank Memorial Park | 23d. LOCATION (City, town, or county) (State) Springfield, Mo. |
| 24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-20-57 | 26. REGISTRAR'S SIGNATURE W. Williams |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

DEC 30 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 

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.