

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017800

STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 214

300
1-50

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GENTRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GENTRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STANBERRY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STANBERRY 0380		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4th & High St.		Length of stay in 1b 7 months	d. STREET ADDRESS 4th E. High St. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle CYRUS Last WALKER			4. DATE OF DEATH Month MAY Day 27 Year 1958		
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 type="checkbox"/>	8. DATE OF BIRTH JAN. 25, 1898	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Month 4 Days 2 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) GENTRY, Mo.	
10c. KIND OF BUSINESS OR INDUSTRY FARM			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME ROBERT FRANKLIN WALKER			14. MOTHER'S MAIDEN NAME MARTHA JANE HULET		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO		16. SOCIAL SECURITY NO. 491-30-8961		17. INFORMANT Address MRS. ETHEL WALKER, STANBERRY, 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) Polyarteritis nodosa					INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown.					
DUE TO (c) 456X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None					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 July 25, 1957 and last saw her/him alive on May 27, 1958 Death occurred at 6:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Describe or title) Clifford A. Carlin, M.D.			22b. ADDRESS Stanberry, Mo.		22c. DATE SIGNED 6-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 29, 1958	23c. NAME OF CEMETERY OR CREMATORY CARMACK CEMETERY		23d. LOCATION (City, town, or county) (State) 5 MILES EAST OF STANBERRY, Mo.
24. FUNERAL DIRECTOR JOHNSON FUNERAL HOME, STANBERRY, Mo.		25. DATE RECD. BY LOCAL REG. 6-1-58		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

MS SEP 10 1955

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 *Ross E. Johnson*.....

Licensed Embalmer No. *49*.....

P. O. Address *Stanberry*.....

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.