

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021060
STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 690

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph <i>0110</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1302 Faraon		Length of stay in 1b life	d. STREET ADDRESS (If outside, give location) R. R. #7
Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First CHARLES Middle GEORGE Last WALKER			4. DATE OF DEATH Month June Day 27 Year 1958		
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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 April 7, 1891	9. AGE (In years last birthday) 67	FUNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Light & Power Co.	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lillian Karr Walker
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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) no	16. SOCIAL SECURITY NO. 500-07-2365	17. INFORMANT Mrs. Charles Walker, R.R. #7, St. Joseph, Mo.
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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 CARDIAC DECOMPENSATION		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) UREMIA	2 WEEKS
	DUE TO (c)	

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"/>
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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.)
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20c. TIME OF INJURY Hour 3:00 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 King City	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from 4-5-58 to 6-27-58 and last saw her/him alive on 6-27-58 Death occurred at 3:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>John P. ...</i>	(Degree or title) 0	22b. ADDRESS 1302 Faraon St. Joseph	22c. DATE SIGNED 6-28-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/30/1958	23c. NAME OF CEMETERY OR CREMATORY King City Cemetery	23d. LOCATION (City, town, or county) (State) King City Missouri
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24. FUNERAL DIRECTOR Heston-Bourne	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 28 1958	26. REGISTRAR'S SIGNATURE <i>Mr. Clark ...</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 15 1958

MS MAR 28 1973

W. D. Peterson
1302 7th Ave

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.....

P. O. Address.....

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.