

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026296
STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East Prairie, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Prairie		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last James Monroe Walker			4. DATE OF DEATH Month Day Year July 3, 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-3-1885	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Benton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Monroe Walker	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Divorced
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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) Unknown	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Edward W. Walker, Detroit, Michigan
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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) <u>Acute Coronary Insufficiency</u> <u>& Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	4201
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1. Congestion Heart Failure & Pulmonary Edema</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT (SLICING, SHOOTING, OR OTHER) _____	20b. DEATH OR INJURY OCCURRED (Specify date, time, place, or other circumstances) _____
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20c. TIME OF INJURY _____	Hour _____	Month _____	Day _____	Year _____
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20d. INJURY OCCURRED WHILE AT _____ NOT WHILE WORK _____ AT WORK _____	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1-28-58</u> to <u>2-4-58</u> and last saw her alive on <u>2-4-58</u> Death occurred on <u>July 3 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Andrew Brown Jr MD</u>	22b. ADDRESS <u>St Louis Mo</u>	22c. DATE SIGNED <u>7-15-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-58	23c. NAME OF CEMETERY OR CREMATORY Dogwood	23d. LOCATION (City, town, or country) (State) Near East Prairie, Missouri
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24. FUNERAL DIRECTOR ADDRESS Travis Shelby, East Prairie, Mo.	25. DATE RECD. BY LOCAL REG. 7-17-58	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 7-21

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 *James Shelby*
Licensed Embalmer No. 775
P. O. Address *Eastman*

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.