

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028669

STATE FILE NUMBER

9
FILED AUG 21 1958

Registration District No. 99

Primary Registration District No. 5380

Registrar's No. 63

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb	
b. CITY (If outside corporate limits, give TOWNSHIP and Inside Limits) On Highway 36 near Stewartville Mo. enroute to hospital in St. Joseph Mo.		c. CITY OR TOWN Fairport	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LINDEN Middle BAYARD Last WALKER			4. DATE OF DEATH Month Aug. Day 4 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 8 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Filling Station operator		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and state or country) DeKalb County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Walker		13b. MOTHER'S MAIDEN NAME Lena Whitsel	
14. NAME OF HUSBAND OR WIFE Cecil Walker		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. 495-26-1047		17. INFORMANT Mrs. Cecil Walker, Fairport 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) Coronary Thrombosis DUE TO (b) Spontaneous Internal Hemorrhage DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 15 Min. 5 days
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 _____ 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 COUNTY STATE	
27. I attended the deceased from May 1949 to Aug 4 1958 and last saw him alive on Aug 4, 1958 Death occurred at 9:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. C. Harold Fowler, II (Degree in title) 2		22b. ADDRESS Maysville Mo.	
22c. DATE SIGNED 8/6-58		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 6 1958	
23c. NAME OF CEMETERY OR CREMATORY Evergreen		23d. LOCATION (City, town, or county) (State) Osborn Mo	
24. FUNERAL DIRECTOR PILCHER FUNERAL HOME		ADDRESS MAYSVILLE MO.	
25. DATE RECD. BY LOCAL REG. 8/6-58		26. REGISTRAR'S SIGNATURE W. C. Davidson	

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.

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 
C.T. Filcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.