

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028957  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 75

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fayette</b> 0451
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>S. Park Addition</b>		Length of stay in 1b <b>10 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>S. Park Addition</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>PINKIE</b> Middle <b>---</b> Last <b>WALKER</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>19,</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 27, 1900</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Howard Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Feldon Stapleton</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Kingsbury</b>		14. NAME OF HUSBAND OR WIFE <b>Charlie Walker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Orbie Boggs 1011 11th St. Des Moines Iowa</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>pulmonary edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 wks.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cardiac decompensation</b>	<b>6 mo</b>	
	DUE TO (c) <b>Hypertensive Cardiovascular disease</b>	<b>unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>443X</b>			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"/> <b>natural</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>		
20c. TIME OF INJURY Hour _____ 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 <b>Fayette</b>	COUNTY <b>Howard</b>	STATE <b>Missouri</b>
21. I attended the deceased from <b>July, 1956</b> to <b>Aug 19, 1958</b> and last saw her <sup>him</sup> alive on <b>Aug 10, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Dr. J. Shaw, Jr M.D.</b> (Degree or title)		22b. ADDRESS <b>Lee Hospital, Fayette, Mo</b>		22c. DATE SIGNED <b>8-19-58</b>

23a. BURIAL, CREMATION, REPOSS (Specify)	23b. DATE <b>812/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
24. FUNERAL DIRECTOR <b>Ralph A. Cass</b>	ADDRESS <b>Fayette, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>8-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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AUG 27 1956

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 Donald I Roberts .....

Licensed Embalmer No. 4722 .....

P. O. Address Fayette, 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.