Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029699
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY: Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Miss.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: Charleston 0672 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Gen. Del. — Length of stay in 1b: 4 mos.	d. STREET ADDRESS (If outside, give location): Gen. Del. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Roosevelt Middle: Last: Walker		4. DATE OF DEATH Month Day Year: Aug. 30, 1958	
5. SEX: Male 2	6. COLOR OR RACE: Col.	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: March 29,1902
9. AGE (In years last birthday): 56	IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.	
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): Tulsa, Okla.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Unk.	13b. MOTHER'S MAIDEN NAME: Unk.	14. NAME OF HUSBAND OR WIFE: Thelma Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 488-18-1583	17. INFORMANT Address: Elizabeth Walker, Gen. Del. Charleston, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 4344

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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

21. I attended the deceased from 8/15/58, to 8/30/58 and last saw her/him alive on 8/15/58

Death occurred at 12:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D. — 22b. ADDRESS: Charleston Mo — 22c. DATE SIGNED: 8/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Sept.3,1958	23c. NAME OF CEMETERY OR CREMATORY: Local	23d. LOCATION (City, town, or county) (State): Muskogee, Okla.
24. FUNERAL DIRECTOR: L. R. Sparks	ADDRESS: Charleston, Mo.	25. DATE RECD. BY LOCAL REG.: 8-30-58	26. REGISTRAR'S SIGNATURE: Dorothy B. Hathhorn

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVE
Miss. Co. Hea
County File No.
Date Filed 9

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address Cape Girardeau, 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.