No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006334
State File No.

REC FEB 27 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. _____ Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sampsel Twp.
c. LENGTH OF STAY (in this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 miles west Chillicothe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): ~~11 miles west of Chillicothe~~

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): EDITH
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 14 July 1902
9. AGE (In years last birthday): 55
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mooresville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Amos Frazier
13b. MOTHER'S MAIDEN NAME: Abbiegale Bashford
14. NAME OF HUSBAND OR WIFE: Jesse Carl 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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: J.C. Walker; R #4; Chillicothe, Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
4.261
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* None, 19___, *to* _____, 19___, ~~that I last saw the deceased alive~~ *on* Feb. 19, 19 59, *and that death occurred at* 11:30am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Conrad M.D. (Coroner)
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: Feb. 21-59

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-22-59
24c. NAME OF CEMETERY OR CREMATORY: Resthaven
24d. LOCATION (City, town, or county) (State): Chillicothe, Missouri

DATE REC'D BY LOCAL REG.: 2/21/59
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Norman Funeral Home; Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton F. Norman.....

Licensed Embalmer No. 4036....

P. O. Address Chillicothe,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.