

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018444  
STATE FILE NUMBER

FILED MAY 21 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 149

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HANNIBAL</b>		c. CITY OR TOWN <b>MONROE CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST ELIZABETH HOSPITAL</b>		Length of stay in lb <b>6 WEEKS</b>	
3. NAME OF DECEASED (Type or print) First <b>SARAH</b> Middle <b>FRANCIS</b> Last <b>WALKER</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>11</b> Year <b>1959</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 1, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>SHELBY COUNTY, MO</b>
13a. FATHER'S NAME <b>SAMUEL KINCHLOE</b>		13b. MOTHER'S MAIDEN NAME <b>FANNIE BELL</b>	14. NAME OF HUSBAND OR WIFE <b>THOMAS 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.	17. INFORMANT Address <b>MRS HENRY HOLLAND MONROE CITY, MO</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>Cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month, Day, Year _____ 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
21. I attended the deceased from <b>March 15, '59</b> to <b>11 May 1959</b> and last saw her alive on <b>11 May 1959</b> Death occurred at <b>10.45</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wyneth Holland M.R.</b> (Degree or title)		22b. ADDRESS <b>Hannibal Mo.</b>	22c. DATE SIGNED <b>5/12/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5-14-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOWE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MARION COUNTY, MO</b>
24. FUNERAL DIRECTOR <b>Wilson Sam</b> ADDRESS <b>Monroe City, Mo</b>		25. DATE RECD. BY LOCAL REG <b>5-14-59</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E.M. Locke By W.C. Fisher</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

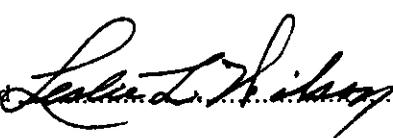
MEDICAL CERTIFICATION

Every certifier 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 ..... ME ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 3014 .....

P. O. Address MONROE CITY, 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.