JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-024275
STATE FILE NUMBER

× FILED VS JUL 27 1959 42

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 734

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in Ib 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Meth. Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Plattsburg — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) North Seventh — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sandra Middle Lee Last Walker
4. DATE OF DEATH Month July Day 14, Year 1959
5. SEX female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/4/39
9. AGE (last birthday) 19 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (City and state or country) Plattsburg, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Galen Walker
13b. MOTHER'S MAIDEN NAME Melvina Greene
14. NAME OF HUSBAND OR WIFE ----
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. 510-42-0738
17. INFORMANT Address Galen Walker, Plattsburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Traumatic Shock	36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Fractured left femur and foot	65 hours
	Multiple deep Lacerations c contusion	65 hours
DUE TO (c)	Auto accident	65 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral concussion and contusion 65 hours

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident on highway 116 at Lathrop, Mo.
20c. TIME OF INJURY Hour 11:00 p.m. Month, Day, Year 7-11-59
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.) Highway 116 Lathrop
20f. CITY, TOWN, OR LOCATION Lathrop COUNTY Clinton STATE Missouri

21. I attended the deceased from 7-11-59, to 7-14-59 and last saw her/him alive on 7-14-59
Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John P. Mabry (Degree or title) M.D.
22b. ADDRESS Plattsburg, Missouri
22c. DATE SIGNED 7/15/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/18/1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington
23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri

24. FUNERAL DIRECTOR Lyon Funeral Home, Inc. ADDRESS Plattsburg, Mo.
25. DATE RECD. BY LOCAL REG. July 24, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clarke Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

J.P. Mabry, M.D.

JUL 27 1959

AUG 4 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Phillip E. Cox

Signature of Student Embalmer

Licensed Embalmer No. 4993

P. O. Address Plattsburg, O

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