

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026177

FILED VS AUG 7 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 131

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Length of stay in 1b 3 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Mem.		d. STREET ADDRESS X (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Lee Walker			4. DATE OF DEATH Month Day Year July 26 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-07	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Randolph Co Mo		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Freeman Patterson		13b. MOTHER'S MAIDEN NAME Ruth Nickerson		14. NAME OF HUSBAND OR WIFE Clarence Walker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT Address Clarence Walker Steelville Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gastro-intestinal hemorrhage (cause not determined)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 day</i>
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 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	COUNTY	STATE
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21. I attended the deceased from *July 24* to *July 26* and last saw her alive on *July 26*
Death occurred at *11:30 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. E. Feind M.D.</i>	(Degree or title)	22b. ADDRESS <i>Rolla mo.</i>	22c. DATE SIGNED <i>7-29-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>7-28-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sligo Cem</i>	23d. LOCATION (City, town, or county) <i>Sligo Dent Co Mo</i>
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24. FUNERAL DIRECTOR <i>Carl H. Spurr</i>	ADDRESS <i>Salem Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>July 29, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl H. Johnson

Licensed Embalmer No. 237

P. O. Address Salem

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.