

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-033307

## FILED VS OCT 2 1959

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 178

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Pholps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pholps</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b <b>6 Days</b>		c. CITY OR TOWN <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pholps Co. Memorial Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>510 Ft. Wyman rd.,</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>FRANCIS</b> Middle <b>I.</b> Last <b>WALKER</b>				4. DATE OF DEATH Month <b>Sopt.</b> Day <b>26</b> Year <b>1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>3/28/1877</b>	9. AGE (last birthday) <b>82</b>	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) <b>Ret. Interior Decorator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home Decoration</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William Y. Walker</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Forn L. Walker dec.</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> <b>hono</b>			16. SOCIAL SECURITY NO. <b>500 22 4917A</b>		17. INFORMANT <b>Loe B. Walker</b> Address <b>Rolla, 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>Passive Pulmonary Congestion</b> DUE TO (b) <b>arteriosclerotic Heart</b> DUE TO (c) <b>divane</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>less</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fracture of Rt. Pubic Bone</b>						PART III. If deceased was female was there a pregnancy in last 90 d. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) <b>Fell in yard.</b>					
20c. TIME OF INJURY Hour <b>9:30</b> a.m. Month, Day, Year <b>9-21-59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Rolla Mo</b>		COUNTY STATE		
21. I attended the deceased from <b>9-21-59</b> to <b>9-26-59</b> and last saw him alive on <b>9-26-59</b> Death occurred at <b>3:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
21a. SIGNATURE (Degree or title) <b>Loe B. Walker</b>				21b. ADDRESS <b>Rolla Mo</b>			21c. DATE SIGNED <b>9/26/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		23b. DATE <b>9/26/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Comatory</b>		23d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>				
24. FUNERAL DIRECTOR <b>Carl Blum</b> Address <b>West. 10th., Rolla, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Sept. 26, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 4 1960

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rella, 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.