

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUL 5 1960

**60-022991**  
STATE FILE NUMBER

Registration District No. **140** Primary Registration District No. **3024** Registrar's No. **70**

INDEXED

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Howard</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Howard</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Fayette</b>                |  | Length of stay in 1b<br><b>1 day</b>   | c. CITY OR TOWN <b>New Franklin,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lee Hospital</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>111 S. Missouri</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>James</b> Middle <b>Alpha</b> Last <b>WALKER</b>                                      |                                  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>29</b> Year <b>1960</b> |  |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 22, 1892</b>                             | 9. AGE (last birthday)<br><b>67</b>                                    | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carman</b>                          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Hallsville, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>      |
| 13a. FATHER'S NAME<br><b>William Walker</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Hanna Roberts</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Bertha Gilmore</b>                   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)<br><b>No</b>   <b>None</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>702-10-0985</b>   |  | 17. INFORMANT<br><b>Mrs. Bertha Walker New Franklin, Mo</b><br>Address |  |  |

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|--|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs.</b> |
| IMMEDIATE CAUSE (a)  | <b>Coronary Occlusion -</b>                         |  |
| CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.               | <b>Cardio Vascular disease - hypertensive type.</b> |  |
| DUE TO (b)   |   |  |
| DUE TO (c)   |   |  |

|   |  |
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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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|   |   |  |
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| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b>5:00</b> a.m. p.m.   | Month, Day, Year  |  |

|   |  |  |                         |                          |
|---|--|--|-------------------------|--------------------------|
| 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.) | 20f. CITY, TOWN, OR LOCATION<br><b>Fayette, Mo</b> | COUNTY<br><b>Howard</b> | STATE<br><b>Missouri</b> |
|---|--|--|-------------------------|--------------------------|

21. I attended the deceased from **Jan 1959** to **June 29, '60** and last saw her/him alive on **June 29, 1960**.  
Death occurred at **5:00 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                    |                                   |
|---|------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><b>M. P. Welch M.D.</b> (Degree or title) | 22b. ADDRESS<br><b>Fayette, Mo</b> | 22c. DATE SIGNED<br><b>7/2/60</b> |
|---|------------------------------------|-----------------------------------|

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>July 3, 1960</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Pleasant Cem.</b> | 23d. LOCATION (City, town, or county)<br><b>New Franklin, Mo.</b> (State) |
|--|----------------------------------|--|---|

|   |   |  |
|---|---|--|
| 24. FUNERAL DIRECTOR<br><b>Markland - Hall New Franklin, Mo</b> ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>7-2-60</b> | 26. REGISTRAR'S SIGNATURE<br><b>Katherine Welchs</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

**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 Tom D. Markland

Licensed Embalmer No. 4592  
P. O. Address New Franklin

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.