

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046966

ED VS DEC 2 9 1960

Registration District No. 256 Primary Registration District No. 4388 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chamoiss</u>		Length of stay in 1b <u>91</u>	c. CITY OR TOWN <u>Chamois</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home-Chamois, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>George Gottfried Walker</u>	First Middle Last	4. DATE OF DEATH <u>Dec 25 60</u>	Month Day Year
---	-------------------	--------------------------------------	----------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>25 May 1869</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
-----------------------	----------------------------------	---	--	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Chamois, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	-----------------------------------	---	---

13a. FATHER'S NAME <u>David Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Emma-----Blume</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Nahler Walker</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT <u>Legora Maxwell</u>	Address <u>Chamois, Mo</u>
---	---	--	-------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypotension + Cardio-renal disease</u>	<u>15 yrs.</u>
	DUE TO (c) <u>Generalized Arteriosclerosis</u>	<u>25 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Ascites + dependent edema, Prostatitis + Cystitis.</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
---------------------------------------	------------------

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 <u>Chamois, Mo.</u>	COUNTY <u>Osage</u>	STATE <u>Mo.</u>
--	--	---	------------------------	---------------------

21. I attended the deceased from June 1850 to Dec. 25, 1960 and last saw him alive on Dec. 25, 1960.
Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>F.B. Farnsworth, D.O.</u>	(Degree or title)	22b. ADDRESS <u>Chamois, Mo.</u>	22c. DATE SIGNED <u>12-26-60.</u>
--	-------------------	-------------------------------------	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>28 Dec 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Chamois, Missouri</u>
--	-------------------------------	--	---

24. FUNERAL DIRECTOR <u>Stanley E. Meyer</u>	ADDRESS <u>Chamois, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 27, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Josephine Schieder</u>
---	--------------------------------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 8 030

VS JAN 5 1961

JAN 28 1961

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

Stanley E. Meyer

Licensed Embalmer No. 463

P. O. Address Amour

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.