

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018375

STATE FILE NUMBER

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. 4

AMENDED

FILED JUN 1 1961

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gideon		Length of stay in 1b 30 mo.	c. CITY OR TOWN Gideon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Home
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Truman Middle Elmer Last Walker			4. DATE OF DEATH Month 5 Day 9 Year 1961		
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 9-24-1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration Service		10b. KIND OF BUSINESS OR INDUSTRY Repair Shop	11. BIRTHPLACE (City and state or country) Livingston Co., K.Y.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Walker		13b. MOTHER'S MAIDEN NAME Rena Dye		14. NAME OF HUSBAND OR WIFE Ruth 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.		17. INFORMANT Ruth Walker Gideon, 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)	Shot himself in right chest	
DUE TO (b)	With 22. rifle	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 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 checked="" 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.) Cleaning gun
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20c. TIME OF INJURY 9:00 a.m.	Month, Day, Year 5-9-61
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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.) Home	20f. CITY, TOWN, OR LOCATION Gideon	COUNTY New Madrid	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw him/her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Hedgcock	(Degree or title)	22b. ADDRESS New Madrid, Mo	22c. DATE SIGNED 5/12/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-11-1961	23c. NAME OF CEMETERY OR CREMATORY Stanfield Cem.	23d. LOCATION (City, town, or county) (State) Clarkton, Mo.
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24. FUNERAL DIRECTOR Lloyd Russell Piggott,	ADDRESS Arkansas	25. DATE RECD. BY LOCAL REG. 5-23-61	26. REGISTRAR'S SIGNATURE Mrs F & Hopkins
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 15 1961

1961

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509-ARK

P. O. Address Piggott, Ark.

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.

EMBALMER'S SIGNATURE