ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020346
STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 86

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler — Length of stay in 1b: 4 wk
c. FULL NAME OF (If NOT in hospital, give street) HOSPITAL OR INSTITUTION Bates Co. Memorial Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Bates
c. CITY OR TOWN Rockville Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: William Middle: Simon Last: Walker
4. DATE OF DEATH Month: June Day: 29 Year: 61
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-31-68
9. AGE (Last birthday): 92 — IF UNDER 1 YEAR: Months 10 Days 28 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Hancock Co. Ill
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles H. Walker
13b. MOTHER'S MAIDEN NAME: Sylvia Marshall
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: J. Walker — Address: Rockville 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) GENERAL ABDOMINAL CARCINOMA — INTERVAL BETWEEN ONSET AND DEATH: 6 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA of STOMACH — 1 YR.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): FRACTURE of RT. ILIUM (PELVIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Had a Fall at home
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 6/4/61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 4/10/55, to 6/29/61 and last saw him alive on 6/28/61
Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. O. Burke (Degree or title) D.O.
22b. ADDRESS Rockville, Mo
22c. DATE SIGNED 6/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 7-1-61
23c. NAME OF CEMETERY OR CREMATORY: Rockville
23d. LOCATION (City, town, or county) (State): Rockville, Mo.

24. FUNERAL DIRECTOR: Owen Eddy — ADDRESS: Appleton City, Mo.
25. DATE REC'D BY LOCAL REG.: Jul 7 1961
26. REGISTRAR'S SIGNATURE: Kendall Kenny

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

OCT 5 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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton Co

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.