

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041501

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 553

STATE FILE NUMBER

AMENDED

FILED NOV 28 1961

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>	Length of stay in 1b <b>70 yrs</b>	c. CITY OR TOWN <b>Joplin</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3816 E. 7th Street</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3816 E. 7th Street</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>ALFRED</b> Middle <b>DANIEL</b> Last <b>WALKER</b>			4. DATE OF DEATH Month <b>November</b> Day <b>21</b> Year <b>1961</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-14-1881</b>	9. AGE (last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - General labor-</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Street Dept.</b>	11. BIRTHPLACE (City and state or country) <b>Yates City, Ks.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Thomas Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Shoop</b>		14. NAME OF HUSBAND OR WIFE <b>Eliza (McKennon) Walker</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>		16. SOCIAL SECURITY NO. <b>Unk</b>	17. INFORMANT Address <b>Mrs. Eliza Walker, 3816 E. 7th, Joplin</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>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undetermined</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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"/> 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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	COUNTY STATE

21. I attended the deceased from 8-21-61 to 11-20-61 and last saw him alive on 11-20-61  
Death occurred at 3:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. H. Hamilton</i> (Dr, nurse or title)	22b. ADDRESS <b>E. H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG.</b>	22c. DATE SIGNED <b>11-22-61</b>
23a. BURIAL OR CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-25-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Park Cemetery,</b>
23d. JACKSON (City, town, or county, Mo.) <b>Joplin, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-24-1961</b>
		26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>

STATE ARCHIVES

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 *Harvey E. Amice*

Licensed Embalmer No. 4463

P. O. Address *Joplin 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.