

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010090

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 17

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 4 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Taney</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u> Length of stay in 1b <u>4 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Taney</u></p> <p>c. CITY OR TOWN <u>Branson</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>_____</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>Giffard Mansfield Walker</u></p> <p>4. DATE OF DEATH Month Day Year <u>Feb. 22 1963</u></p>	
<p>5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>2/7/1890</u> 9. AGE (last birthday) <u>73</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Public Worker</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Kansas</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Henry Walker</u> 13b. MOTHER'S MAIDEN NAME <u>Martha Unknown</u> 14. NAME OF HUSBAND OR WIFE <u>Deceased</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> 16. SOCIAL SECURITY NO. <u>42</u> 17. INFORMANT <u>Melvin Walker, Hollister, Mo.</u> Address <u>_____</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:)</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>C. V. D.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>	
<p>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.) _____</p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>4</u></p>	
<p>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 _____</p>	
<p>21. I attended the deceased from <u>2-15-63</u> to <u>2-22-63</u> and last saw her/him alive on <u>2-22-63</u>. Death occurred at <u>9:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Regree or title) <u>Charles R. Spears MD</u> 22b. ADDRESS <u>Branson Mo</u> 22c. DATE SIGNED <u>2-26-63</u> (State)</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>2/25/1963</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u> 23d. LOCATION (City, town, or county) <u>Branson, Mo</u> (State)</p>	
<p>24. FUNERAL DIRECTOR <u>Walter Cobb, Branson, Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>2-28-63</u> 26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u></p>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MAR 6 1963

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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

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Princeton, 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.