No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42257

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 204

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): Sometime
d. FULL NAME OF HOSPITAL OR INSTITUTION: ~~M~~ 315 W. Ashland St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
d. STREET ADDRESS (If rural, give location): 315 West Ashland

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) V. ~~Walker~~ c. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year): December 28 1948

5. SEX: Fem

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: Abt - 1860

9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Delaware Co. Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Conlin

13b. MOTHER'S MAIDEN NAME: Julia Prantz

14. NAME OF HUSBAND OR WIFE: John L. Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Lulu E. Walker
ADDRESS: 315 N. Cole

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

936

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced age
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* Aug, 1948, *to* Dec. 28, 1948 *that I last saw the deceased alive on* Dec. 28, 1948, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. Stover MD
23b. ADDRESS: Nevada, Mo.
23c. DATE SIGNED: 12/30/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 30-1948
24c. NAME OF CEMETERY OR CREMATORY: Blakely Cemetery
24d. LOCATION (City, town, or county) (State): Nevada Mo.

DATE REC'D BY LOCAL REG.: 1/3/49
REGISTRAR'S SIGNATURE: Kathryn Yancey
25. FUNERAL DIRECTOR'S SIGNATURE: Henry Funeral Home
ADDRESS: Nevada, Mo.
(Licensed Embalmer's Statement on Reverse Side)

3314

RECEIVED
District Health Officer No. 7,
District File Number 12-48-1518
Date Filed 1-5-49

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 .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 1760

P. O. Address Nevada 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 this body is not embalmed, fact should be so stated above.