

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4013

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>BENTON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>ANDREW</u>	
c. LENGTH OF STAY (in this place) <u>4 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FILMORE</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Rest Home - WARSAW</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Jesse</u>	b. (Middle) <u>ELSWORTH</u>	c. (Last) <u>WALKER</u>	(Month) <u>MAR</u>	(Day) <u>5</u>	(Year) <u>1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 3, 1865</u>	9. AGE (In years last birthday) <u>83</u>	if UNDER 1 YEAR	if UNDER 1 MONTH	if UNDER 1 DAY
					Months <u>8</u>	Days <u>2</u>	Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Filmore, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Richard Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Lucyetta Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>OSA WALKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Never</u>		17. INFORMANT'S SIGNATURE OR NAME <u>O.E. Tharburn</u>		ADDRESS <u>Warsaw</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>18 Hours</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DU TO (b) <u>Probable Malignancy & Metastases</u>			
II. OTHER SIGNIFICANT CONDITIONS				<u>2 Wks.</u>			
Congestive Heart Failure, Severe				<u>4 Wks.</u>			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Jaundice - ET - Malignancy</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>←</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		INFORMATION	
				<u>Benton County, Mo</u>		<u>REPORTED</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>30</u>			
22. I hereby certify that I attended the deceased from <u>25 Feb., 1949</u> , to <u>4 March, 1949</u> , that I last saw the deceased alive on <u>4 March, 1949</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David H. Glenn</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Warsaw, Mo.</u>		23c. DATE SIGNED <u>5 March 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Filmore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Filmore, Mo</u>		
DATE REC'D BY LOCAL REG. <u>MAR 5 - 1949</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Huser</u>		ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer N

District File Number 2-49

Date Filed 3-14-27

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

Jackuleser

Licensed Embalmer No. 4643

P. O. Address Warsaw, 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.