

THE DIVISION OF HEALTH OF MISSOURI  
FILED FEB 26 1949 STANDARD CERTIFICATE OF DEATH

State No. **4341**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>CAMERON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>	
c. LENGTH OF STAY (In this place) <b>489m.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CAMERON COMMUNITY HOSP</b>		d. STREET ADDRESS (If rural, give location) <b>220 - W 3rd</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORENCE</b>	b. (Middle)	c. (Last) <b>Walker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 16 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Aug 1st 1864</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Williamstown Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. St.</b>
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13a. FATHER'S NAME <b>Richard M. Lowe</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline Brannon</b>	14. NAME OF HUSBAND OR WIFE <b>W.C. Walker</b>
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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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Chas. H. Kusch, Paul Haus</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Atherosclerosis</b> DUE TO (c) <b>201</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-13-49** to **1-16-**, 19**49**, that I last saw the deceased alive on **1-16-49**, 19**49**, and that death occurred at **Cameron**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. E. Miller M.D.</b> (Degree or title)	23b. ADDRESS <b>Cameron Mo.</b>	23c. DATE SIGNED <b>1-17-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-18-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakton</b>	24d. LOCATION (City, town, or county) (State) <b>Oakton Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-18-49</b>	REGISTRAR'S SIGNATURE <b>Winifred W. Mosler</b> <b>390</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Poland Funeral Home</b>	ADDRESS <b>Cameron</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

25  
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AUG 12 1949

MAR 2 1949

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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.

Signed.....  
Student Embalmer

Signed George A. Trammell

Licensed Embalmer No. 4455

P. O. Address 224 West 3rd

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.

Camden, Missouri