

No. 300  
10.48

FILED MAR 11 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4378**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>Cooper</b>	
b. CITY OR TOWN <b>Boonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>501 4th St. Boonville Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>501 4th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Allen</b> b. (Middle) <b>JACKSON</b> c. (Last) <b>Walker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 25 49</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 24 - 1880</b>		9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm machinery</b>		11. BIRTHPLACE (State or foreign country) <b>Saline Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Allen K. Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Ann Carey</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Rebecca Cunningham</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>51-16-0342</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Walker</b> ADDRESS <b>501 4th St. Boonville Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>150</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>5 years</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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 **Jan 24, 1949**, to **Jan 25, 1949**, that I last saw the deceased alive on **Jan 24, 1949**, and that death occurred at **11:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. L. Chamberlain M.D.</b>		23b. ADDRESS <b>New Franklin</b>		23c. DATE SIGNED <b>Jan 28 - 49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 26 - 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Jan 31 49</b>		REGISTRAR'S SIGNATURE <b>H. Hooper</b> 381		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. L. Hall</b> ADDRESS <b>New Franklin Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-10-49

AUG 13 1953

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 L. L. Rice.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin M

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.