

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18469**
Registrar's No. **30**

BIRTH NO. _____		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 6269		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Ozark township		c. LENGTH OF STAY (in this place) 22 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION x /				d. STREET ADDRESS (If rural, give location) Ozark township			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) - E. - c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) May-2-1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown		8. DATE OF BIRTH June 25-1872	
9. AGE (in years last birthday) 76		IF UNDER 1 YEAR Months x Days x		IF UNDER 14 HRS. Hours x Min. x			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Camp caretaker			10b. KIND OF BUSINESS OR INDUSTRY Camp		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Employer's records - Springfield, Mo.		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hanged ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Despondency DUE TO (c) Ill Health II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8974X
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) Suicide		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) K. H. Kelley Coroner 3.				23b. ADDRESS Hardland mo.		23c. DATE SIGNED 5-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4-49	24c. NAME OF CEMETERY OR CREMATORY Black Oak		24d. LOCATION (City, town, or county) (State) Webster County, Mo.		
DATE REC'D BY LOCAL REG. 5/19/49		REGISTRAR'S SIGNATURE J. Francis O. 392		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rev. Rainey - Marshfield, Mo.			

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

112

RECEIVED

District Health Officer No. 6,

District File Number 549-591

Date Filed 5-23-49

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.

Signed Rex Rainey

Signed _____
Student Embalmer

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.