

FILED JUL 12 1949 STANDARD CERTIFICATE OF DEATH

State File No. 18580

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5095 Registrar's No. 9

|   |                           |  |  |
|---|---------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrain, Mingo Twp. Mo.</u>  |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrain - Mingo Twp.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |                           | d. STREET ADDRESS (If rural, give location) _____  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>AGUSTAS</u>   |                           | a. (First) _____ b. (Middle) <u>E</u> c. (Last) <u>Walker</u>  | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 49</u>                                      |
| 5. SEX <u>MO</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>  | 8. DATE OF BIRTH <u>Sept. 22 - 1891</u>  |
| 9. AGE (In years last birthday) <u>57</u>   |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>  | 11. BIRTHPLACE (State or foreign country) <u>Piper, Missouri</u>                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____   |                           | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |
| 13a. FATHER'S NAME <u>James Walker</u>  |                           | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sammons</u>   | 14. NAME OF HUSBAND OR WIFE <u>Martha Walker</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                           | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Walker, Adrain, Miss.</u> ADDRESS _____ |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertension</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Failure</u> |  |
| 19a. DATE OF OPERATION _____  |                           | 19b. MAJOR FINDINGS OF OPERATION _____   |  |
| 19a. DATE OF OPERATION _____  |                           | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 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) _____  |  |
| 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 <u>March</u> , 19 <u>48</u> , to <u>June 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 26</u> , 19 <u>49</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above. |                           |  |  |
| 23a. SIGNATURE <u>H. H. Hemenway, Sr.</u> (Degree or title) _____   |                           | 23b. ADDRESS <u>Garden City</u>  |  |
| 23c. DATE SIGNED <u>7/1/49</u>  |                           | 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>   |  |
| 24b. DATE <u>July 3</u>   |                           | 24c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>  |  |
| 24d. LOCATION (City, town, or county) <u>Dayton, Cass Co., Mo.</u> (State) _____  |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Brothers</u> ADDRESS <u>Garden City, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>7-3-49</u>  |                           | REGISTRAR'S SIGNATURE <u>Myra Curran</u>   |  |

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

RECEIVED

District Health Officer No. 7,

District File Number 6-49-831

Date Filed 7-11-89

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

*Howard Atkinson*

Licensed Embalmer No. 3920

P. O. Address

*Harrodsburg*

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.

Mo.