

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25794

State File No.

BIRTH NO. 36122-49 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Matthews</u>	
c. LENGTH OF STAY (If this place) <u>45 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>_____</u>		8. DATE OF BIRTH <u>July 8 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Matthews, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Eddie Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Corrine Harris</u>		14. NAME OF HUSBAND OR WIFE <u>_____</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eddie Walker, Father, Matthews, Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration</u>		ANTECEDENT CAUSES DUE TO (b) <u>Tetanus</u>				DUE TO (c) <u>_____</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS <u>1. umbilical hernia</u> <u>2. Cellulitis of umbilical stump</u>				<u>5 days</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)		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) (Min.)		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 July 22, 1949, to July 24, 1949, that I last saw the deceased alive on July 24, 1949, and that death occurred at 3:40 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Citchlow</u>		23b. ADDRESS <u>M. 201 Sikeston, Mo.</u>		23c. DATE SIGNED <u>July 26, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>July 26-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hunter</u>		ADDRESS <u>Sikeston, Mo.</u>	
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(Licensed Embalmers' Seal - Stencil on Reverse Side)

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

AUG 6 1949
RECEIVED
District Health Office No. 2
District File Number 849-8116
Date Filed _____

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

John Alleton
(298) *Substant*
Licensed Embalmer No. MO

P. O. Address _____

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.