

FILED OCT 13 1949

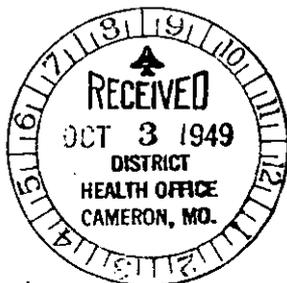
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

291793

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>5014</u>		Registrar's No. <u>274</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>20 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 2 - St. Joseph, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K Hi-Way and Maxwell Road</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D. # 2 - St. Joseph, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alpha</u> b. (Middle) <u>J.</u> c. (Last) <u>Walkup</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24, 1889</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery operator and</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>		11. BIRTHPLACE (State or foreign country) <u>Gower, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Daniel H. Walkup</u>			13b. MOTHER'S MAIDEN NAME <u>unk Rodman</u>		14. NAME OF HUSBAND OR WIFE <u>Margie Walkup</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margie Walkup - St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hanging</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH  <u>8974x</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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson township Andrew, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 22 1949 5:00 am.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>By hanging by the neck with a rope.</u>			
22. I hereby certify that I attended the deceased from <u>Sept. 22, 1949</u> to <u>Sept. 22, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. E. Maxwell, D.D. 2609er</u>				23b. ADDRESS <u>307 W. Main Savannah, Mo.</u>		23c. DATE SIGNED <u>9/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Sept. 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, of county) (State) <u>Gower Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-27-49</u>		REGISTRAR'S SIGNATURE <u>Lillian Spurr</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Funeral Home St. Joseph, Mo.</u>		



OCT 14 1949

**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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St Joseph

**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.