

No. 300
10-48

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30726

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 158

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Snt-A-Bar Twp.^{township})
c. LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D., Grain Valley, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) Rural Grain Valley
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First) ELIZABETH b. (Middle) - c. (Last) WALKER
4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1949

5. SEX female / 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / 8. DATE OF BIRTH April 3, 1880
9. AGE (in years last birthday) 69 IF UNDER 1 YEAR Months 5 Days 9 IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (State or foreign country) Holden, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jasper Wester 13b. MOTHER'S MAIDEN NAME Elizabeth Haynes 14. NAME OF HUSBAND OR WIFE Will Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Madeline Warron, Flippin, Arkansas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis of coronary vessels
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 9/12, 1949, to 9/12, 1949, that I last saw the deceased alive on 9/12, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.R. Bay M.D. 23b. ADDRESS Blue Springs, Missouri 23c. DATE SIGNED 9/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Sept. 14, 1949 24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery 24d. LOCATION (City, town, or county) (State) Holden, Missouri

DATE REC'D BY LOCAL REG. SEPT. 17, 1949 REGISTRAR'S SIGNATURE Arnold C. Eamshaw 378 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Rapp, Holden, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 3 0 RECD

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 M. J. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.