

No. 300  
v. 10.48  
109

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32842**

BIRTH NO. _____		REG. DIST. NO. <u>364</u>		PRIMARY REG. DIST. NO. <u>4533</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <b>Warren</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wright City</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wright City</b>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <b>Helen Frances Walker</b>			4. DATE OF DEATH <b>Sept 15 1949</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>April 7 1908</b>			
				9. AGE (in years last birthday) <b>41</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Stoy Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
13a. FATHER'S NAME <b>James Dutro</b>		13b. MOTHER'S MAIDEN NAME <b>Gertrude Huggins</b>		14. NAME OF HUSBAND OR WIFE <b>Warren.M. Walker</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Warren.M. Walker</b> ADDRESS <b>Wright City Mo</b>					
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) <b>Carcinoma, ovarian, with metastasis</b>				DUE TO (b) _____				1 year	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bowel obstruction</b>								17.5X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>May 25, 1949</u> , to <u>Sept 15, 1949</u> , that I last saw the deceased alive on <u>Sept 15, 1949</u> , and that death occurred at <u>8:15pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Mark Campbell M.D.</b>				23b. ADDRESS <b>Wright City Mo</b>		23c. DATE SIGNED <b>15 Sept 49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 19 /49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hartford City Indiana</b>			
DATE REC'D BY LOCAL REG. <b>Sept. 16-1949</b>		REGISTRAR'S SIGNATURE <b>Mrs. F. W. Hughes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nieburg Furn &amp; Und Co</b> ADDRESS <b>Wright City Mo</b>					

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-12-49  
District Health Officer No. 9,  
Districts File Number

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Julius J. Dieburg  
Licensed Embalmer No. 33660

Signed.....  
Student Embalmer

P. O. Address Wright City, 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.