

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38165**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Remiscot		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MO. b. COUNTY Remiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Hayti	c. LENGTH OF STAY (In this place) 26 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Hayti	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Abraham	b. (Middle)	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year)
				11-9-49

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 10-17-1874	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR	IF UNDER 2 HRS.
		widowed			Months 22 Days	Hours 22 Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Atlanta, Ga.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William Walker	13b. MOTHER'S MARDEN NAME Julia Robinson	14. NAME OF HUSBAND OR WIFE Emily Walker
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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.	17. INFORMANT'S SIGNATURE OR NAME William Walker, 406 W. 4th St. Remiscot, Mo.	ADDRESS
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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, asthenia; 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) Unknown - this man died without medical attention		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7455	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) city jail	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti, Remiscot, MO.
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **79** m., from the causes and on the date stated above.

23a. SIGNATURE James A. Osburn Baron	(Degree or title)	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 11-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-13-49	24c. NAME OF CEMETERY OR CREMATORY Kacala	24d. LOCATION (City, town, or county) (State) Remiscot, MO.
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DATE REC'D BY LOCAL REG. 11-26-49	REGISTRAR'S SIGNATURE John W. Gorman	406	25. FUNERAL DIRECTOR'S SIGNATURE W. E. Smith	ADDRESS Hayti, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-49-342

NOV 29 REC'D

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 Frederick J. [Signature]

Licensed Embalmer No. 11408

P. O. Address Sikeston, 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.