

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40597

State File No.

JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 42

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3

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Clinton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Plattsburg</u> | |
| c. LENGTH OF STAY (in this place) | | 2' 0" | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>419 Locust</u> | | d. STREET ADDRESS (If rural, give location) <u>419 Locust</u> | |

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|--|-------------------------|---------------------------|-------------------------|--|---------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Jacob</u> | b. (Middle) <u>Virgil</u> | c. (Last) <u>Walker</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>12</u> <u>15</u> <u>1949</u> |
|--|-------------------------|---------------------------|-------------------------|--|---------------------------------|

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|--------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>May 4, 1895</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>14</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTH PLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John Walker</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Madison</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u> | 16. SOCIAL SECURITY NO. <u>+ +</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Alba Walker</u> | ADDRESS <u>Plattsburg, Mo.</u> |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 Min</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> | | <u>5 years</u> |
| | DUE TO (c) _____ | | <u>4201</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy - Grand-Mal</u> | | <u>15 yrs</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

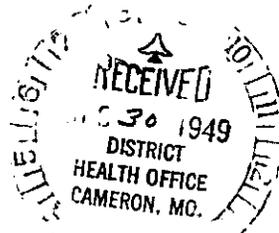
22. I hereby certify that I attended the deceased from Oct., 1948, to Dec. 14, 1949, that I last saw the deceased alive on Dec. 14, 1949, and that death occurred at 5A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James J. Betty</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Plattsburg, Mo.</u> | 23c. DATE SIGNED <u>15 Dec. 49</u> |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-17-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 17 1949</u> | REGISTRAR'S SIGNATURE <u>Bernice Chastain</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. D. Lynn</u> | ADDRESS <u>Plattsburg Mo.</u> |
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JAN 17 1950



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.

Signed _____

Daniel W. Lyon

Signed _____
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattburg, 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.