

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41599**

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City, Mo</u>	
c. LENGTH OF STAY (In this place)		55	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1402 Pine</u>		d. STREET ADDRESS (If rural, give location) <u>402 Pine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>STEVE</u>		b. (Middle) <u>W</u>	
		c. (Last) <u>WALKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 2 1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10/6/1866</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Hawkins County, Tenn</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Steve Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Godaya</u>	
		14. NAME OF HUSBAND OR WIFE <u>Setha Walker</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>500-14-7979</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Walker</u> ADDRESS <u>Webster, Kans</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arricular Fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute appendicitis</u> <u>2 wks</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5500</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)		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>Oct 14, 1949</u> to <u>Dec 2, 1949</u> , that I last saw the deceased alive on <u>Dec 2, 1949</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles A. Spear, M.D.</u>		23b. ADDRESS <u>Pierce City, Mo</u>	
		23c. DATE SIGNED <u>12-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/6/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>		24d. LOCATION (City, town, or county) (State) <u>St. Johns, Kans</u>	
DATE REC'D BY LOCAL REG. <u>Dec 4-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Leland G. Edinger</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>William J. Wessell</u> ADDRESS <u>Mo.</u>	

RECEIVED JAN 3 1950  
District Health Office No. 6,  
District File Number 150-17  
Date Filed 1-3-50

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 R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.