

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41752**

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>464</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		3. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1949</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3930 London RD</u>				d. STREET ADDRESS (If rural, give location) <u>Fairview</u>			
3. NAME OF DECEASED a. (First) <u>Tivis</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30 1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>6</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>G.B.Q.R.R.</u>		13a. FATHER'S NAME <u>Alvin Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Atkins</u>	
13c. NAME OF HUSBAND OR WIFE <u>Estor</u>		14. NAME OF HUSBAND OR WIFE <u>Estor</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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Estor Walker, Hannibal Mo</u>		17. ADDRESS <u>Hannibal Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>NO</u>		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21c. HOW DID INJURY OCCUR?		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. SIGNATURE (Degree or title) <u>W. L. Hume M.D.</u>		21g. ADDRESS <u>100 N. Sixth Hannibal Mo</u>		21h. DATE SIGNED <u>1-2-50</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>12-20-49</u> , that I last saw the deceased alive on <u>12-20-49</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.		22a. SIGNATURE <u>W. L. Hume M.D.</u>		22b. ADDRESS <u>100 N. Sixth Hannibal Mo</u>		22c. DATE SIGNED <u>1-2-50</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-2-50</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal, Marion MO</u>	
24a. DATE REC'D BY LOCAL REG. <u>1-5-50</u>		24b. REGISTRAR'S SIGNATURE <u>D. E. M. Lucke</u>		24c. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		24d. ADDRESS <u>Hannibal MO</u>	

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

RECEIVED JAN 10 1950
MARION CO. HEALTH DEPT.
DATE FILED JAN 12 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.

Student
Student Embalmer

Signed

Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.