

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5830

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 4449 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ellington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ellington</b>	
c. LENGTH OF STAY (In this place)		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>WALTER</b>	b. (Middle) <b>FRANKLIN</b>	c. (Last) <b>WALKER</b>	(Month) <b>2</b>	(Day) <b>21</b>	(Year) <b>50</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-3-1892</b>		
9. AGE (In years last birthday) <b>57</b>			IF UNDER 1 YEAR <b>10</b> Months	IF UNDER 1 YEAR <b>18</b> Days	IF UNDER 24 HRS. <b></b> Hours <b></b> Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gro. Store</b>		11. BIRTHPLACE (State or foreign country) <b>Reynolds Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM WALKER</b>			13b. MOTHER'S MAIDEN NAME <b>FRANCES HAYWOOD ROTH</b>			14. NAME OF HUSBAND OR WIFE <b>WALKER</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Walker</b>		ADDRESS <b>Ell. Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b) _____				<b>3 1/2 hours</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4201</b>	

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)	
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 **Feb 21**, 1950, to **Feb 21**, 1950, that I last saw the deceased alive on **Feb 21**, 1950, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. J. Bugg, M.D.</b> (Degree or title)		23b. ADDRESS <b>Ellington Mo.</b>		23c. DATE SIGNED <b>2-21-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-23-50</b>		24c. NAME OF CEMETERY OR CREMATOR <b>Ellington Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ellington, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3/4/50</b>		REGISTRAR'S SIGNATURE <b>Essie Evans</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Phil A. Leichel</b>		ADDRESS <b>Ell. Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1931 2 21 5

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, ~~on~~ by 2-21-5

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Paul A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren, 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.