

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6852

1210

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (In this place) 14 d.		c. CITY (If outside corporate limits, write RURAL and give township) Reece		8150 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Hallie		b. (Middle) Mace		c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 11, 1899	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 0		IF UNDER 2 HRS. Days 25		Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (State or foreign country) Ind. 9		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Charles A. Walker		13b. MOTHER'S MAIDEN NAME Reel		14. NAME OF HUSBAND OR WIFE Loble Erma			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME Eugene W Walker-Reece		ADDRESS Kansas	
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) Mesenteric emboli ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertension heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 2/4/50		19b. MAJOR FINDINGS OF OPERATION No evidence of thrombi or emboli. @ open.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) H. 2001			
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 Jan. 23, 1950 , to Feb. 6, 1950 , that I last saw the deceased alive on Feb. 5, 1950 , and that death occurred at 6:15 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE L. F. Winkler		(Degree or title) M. D. O.		23b. ADDRESS Missouri Pacific Hosp.		23c. DATE SIGNED Feb. 7 '50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-7-50		24c. NAME OF CEMETERY OR CREMATORY Eureka, Kansas		24d. LOCATION (City, town, or county) (State) Eureka, Kansas	
DATE REC'D BY LOCAL REG. FEB 7 1950		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 Clayton Rd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest W. Killers

Licensed Embalmer No. 4080

P. O. Address _____

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.