S. No. 300
v. 10.48

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

0422
1

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16556

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Main and Elm St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton 0422
d. STREET ADDRESS (If rural, give location): Main And Elm St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hiram
b. (Middle): Walter
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): June 4 1950

5. SEX: Male ✓

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: Dec. 25 1865

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 5 Days 9
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Huntingdale, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Washington Walker

13b. MOTHER'S MAIDEN NAME: Sarah Ann Ely

14. NAME OF HUSBAND OR WIFE: Martha Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Martha Walker
ADDRESS: , Clinton, Missou

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 dy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 3 34K
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Hypertension & myocarditis — 4 yr
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1950, *to* 6-4, 1950, *that I last saw the deceased alive on* 6-4, 1950, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. A. Walker (Degree or title): M.D.

23b. ADDRESS: Clinton Mo

23c. DATE SIGNED: 6-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ✓

24b. DATE: June 6 1950

24c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery

24d. LOCATION (City, town, or county) (State): Clinton, Missouri.

DATE REC'D BY LOCAL REG.: June 5 1950

REGISTRAR'S SIGNATURE: Florence Adair 0 422

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-12-50
District Health Officer No. 7
District File Number 5-50-641
Date Filed 6-12-50

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 [signature]
Licensed Embalmer No. 4510
P. O. Address Clinton, 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.