S. No. 300
v. 10.48

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20809

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AURORA
c. LENGTH OF STAY (in this place): 2 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AURORA HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAWRENCE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AURORA 0551
d. STREET ADDRESS (If rural, give location): 227 MORGAN ST 0

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): RAY
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 10, 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JULY 21, 1932
9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HEEL INKER
10b. KIND OF BUSINESS OR INDUSTRY: SHOEFACTORY
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: LYNN ROBERT WALKER
13b. MOTHER'S MAIDEN NAME: AGATHA GILL
14. NAME OF HUSBAND OR WIFE: NOT MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-32-9827
17. INFORMANT'S SIGNATURE OR NAME: MRS JHONNIE JONES — ADDRESS: AURORA? MO.

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) Intracranial & Intrathoracic Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2½ hours

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: OSS
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Aurora Lawrence Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 9 50 9:20 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Cor 50 Accident

22. I hereby certify that I attended the deceased from 10 PM June 9, 1950, to 12 June 10, 1950, that I last saw the deceased alive on June 9, 1950, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: 13 Olive St.
23c. DATE SIGNED: June 12/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 13,
24c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL
24d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG.: JUNE 12, 50
REGISTRAR'S SIGNATURE: Ora McNetto 157
25. FUNERAL DIRECTOR'S SIGNATURE: WILLIAM WOOD — ADDRESS: AURORA, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 20 1950
District Health Office No. 6,
District File Number 650-703
Date Filed 6-20-50

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed James W Crafton

Licensed Embalmer No. 4668

P. O. Address Aurora, 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.