

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26131

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 7 MOS.		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 No. 3rd St.		d. STREET ADDRESS (If rural, give location) 914 No. 3rd St.	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle)	c. (Last) WALKER	4. DATE OF DEATH (Month) (Day) (Year)
				8-24-1950

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 9-5-1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Peoria, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Walker	13b. MOTHER'S MAIDEN NAME Julia ?	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Welfare Bd. Records, 10th & Olive.
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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 3 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Syphilis: Tertiary		Unknown
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			332XB
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis			Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) _____			Unknown

19a. DATE OF OPERATION XXXXXXXXX	19b. MAJOR FINDINGS OF OPERATION XXXXXXXXX	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXXXXXXXX	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXX	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXXXXXXXX
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) XXXXXXXXX	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? XXXXXXXXX
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22. I hereby certify that I attended the deceased from 6-17-1949, to 8-21-1950, that I last saw the deceased alive on 8-11, 1950, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Clemens C. Chapman, M.D.</i>	23b. ADDRESS Schneider Building St. Joseph, Missouri	23c. DATE SIGNED 8-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE 8-26-1950	24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery	24d. LOCATION (City, town, or county) (State) Rushville, Missouri
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DATE REC'D BY LOCAL REG. Aug. 26, 1950	REGISTRAR'S SIGNATURE <i>B. B. Jenkins</i> 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John S. ...</i> St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 26 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, only

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.