

FILED NOV-24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39549
Registrar's No. 164

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6115	
1. PLACE OF DEATH a. COUNTY: Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott 10-0-0		
b. CITY (If outside corporate limits, write RURAL and give township): DIEHLSTADT rural		c. LENGTH OF STAY (In this place) rural	c. CITY (If outside corporate limits, write RURAL and give township): DIEHLSTADT--rural d		d. STREET ADDRESS (If rural, give location) 2 miles East
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles East					
3. NAME OF DECEASED (Type or Print) Edward		a. (First)	b. (Middle) Brown	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1950
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 5, 1906	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 11 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Crittendon County, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J. B. Walker		13b. MOTHER'S MAIDEN NAME Fannie Belle Phillips		14. NAME OF HUSBAND OR WIFE none	
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 Eugene Walker, (Bro) R#1 Charleston, 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) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Site Left Lung</u> 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 7 ? 163X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>26 Sept, 1950</u> , to <u>4 Nov, 1950</u> , that I last saw the deceased alive on <u>4 Nov, 1950</u> , and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm E Permonaut</u>			23b. ADDRESS Charleston, Mo		23c. DATE SIGNED 8 Nov 1950
24a. BURIAL / CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>	24b. DATE Nov. 9th, 1950	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG. Nov 20 - 50	REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		429	25. FUNERAL DIRECTOR'S SIGNATURE CHAP. ADDRESS <u>Wm E Permonaut</u> Charleston Mo	

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

RECEIVED NOV 21 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1150-157

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 Edward E. Pinner

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.