

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3978

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NEELY TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROUTE #1 HARVIELL</u>	
c. LENGTH OF STAY (in this place) <u>10 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>0120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE #1 HARVIELL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRA</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>WALKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1951</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>4-3-1873</u>	9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Months <u>9</u> Days <u>10</u>	# UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE (RET)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>PADUCAH KY.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>SAM WHEATLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>SILAS WALKER (DECEASED)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JIM BARKER RT#1 HARVIELL, MO</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 3/4 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 23, 1951, to Feb 10, 1951, that I last saw the deceased alive on Feb 2, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Johnson</u>	23b. ADDRESS <u>428</u>	23c. DATE SIGNED <u>2/10/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>2-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EMILIE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BUTLER Co., MO.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 12 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Selig H. Black's Mortuary, Corning, Ark.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 20 1951
BUTLER CO. HEALTH CENTER
FILE No. 251-84

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

Roman J Selig Jr

Licensed Embalmer No. 5162

P. O. Address Corning, N.Y.

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.