

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5469

State File No.

1735
1

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

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2001 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 45 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 44th & Kentucky		d. STREET ADDRESS (If rural, give location) 44th & Kentucky	
3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Lough c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1885
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 65	IF UNDER 4 HRS. Hours 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night-watch-man		10b. KIND OF BUSINESS OR INDUSTRY Meeders Leather	11. BIRTHPLACE (State or foreign country) Linn County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Robert Walker	
13b. MOTHER'S MAIDEN NAME Mary Lough		14. NAME OF HUSBAND OR WIFE Dollie Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-24-2091	
17. INFORMANT'S SIGNATURE OR NAME Dollie Walker		ADDRESS 44th & Kentucky Jop.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Cancer of Trachea DUE TO (c) Epithelioma, right side of neck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stomachic relapsing Heart disease	
INTERVAL BETWEEN ONSET AND DEATH 3 days 8 months 2 yrs 4 yrs		19a. DATE OF OPERATION 1951	
19b. MAJOR FINDINGS OF OPERATION		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 13, 1950 , to Feb. 17, 1951 , that I last saw the deceased alive on Feb. 2, 1951 , and that death occurred at 2:00 am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. M. ...		23b. ADDRESS 1702 Joplin St. Joplin, Mo.	23c. DATE SIGNED 2-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
DATE REC'D BY LOCAL REG. 2-20-51	REGISTRAR'S SIGNATURE Ed S. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary Joplin Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. Health
District File Number 351-67
Date Filed 3/7/51 Dept.

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 Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address _____

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.