

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1951

State File No. 9260

29

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5727 Registrar's No. _____

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Macon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon | |
| b. CITY OR TOWN Rural-Narrows | | c. CITY OR TOWN Rural-Narrows | |
| c. LENGTH OF STAY (in this place) 22 yrs | | d. STREET ADDRESS (If rural, give location) 3 mi. N.E. of Excello | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. N.E. of Excello | | | |

| | | | | | |
|--|--|-------------|--|-----------|--|
| 3. NAME OF DECEASED (Type or Print) Haden Walker | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 22 1951 | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

| | | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Apr. 6, 1878 | 9. AGE (In years last birthday) 72 | if UNDER 1 YEAR Months | if UNDER 4 HRS. Days | if UNDER 15 Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|------------------|

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|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | 11. BIRTHPLACE (State or foreign country) Macon Co., Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
|---|---|--|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME Johnson Walker | 13b. MOTHER'S MAIDEN NAME Danie McGee | 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 Lon Walker | ADDRESS Moberly, Mo. |
|---|-------------------------------------|---|-----------------------------|

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Intestinal myofibrils | | INTERVAL BETWEEN ONSET AND DEATH 6 mo 1 yr |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy | | |
| | DUE TO (c) unknown | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis | | | unknown |

| | | |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. 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) (Min.) | 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 **8-27, 1950**, to **2-22, 1951**, that I last saw the deceased alive on **2-22, 1951**, and that death occurred at **11:00pm.**, from the causes and on the date stated above.

| | | |
|---|------------------------------|--------------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS Macon mo | 23c. DATE SIGNED 3-5-51 |
|---|------------------------------|--------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/24/51 | 24c. NAME OF CEMETERY OR CREMATORY Friendship | 24d. LOCATION (City, town, or county) (State) Macon Co., Mo. |
|---|--------------------------|--|---|

| | | |
|---|--------------------------------------|---|
| DATE REC'D BY LOCAL REG. 3/26/51 | REGISTRAR'S SIGNATURE McNeely | 25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Macon |
|---|--------------------------------------|---|

(Licensed Embalmer's Statement on Reverse Side)

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

3610

JUL 26 1954

RECEIVED 4. 7. 51
LALOR COUNTY HEALTH DEPARTMENT
County File No. 4. 57. 6
L... ited 4. 9. 51

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 Albert Skinner

Signed.....
Student Embalmer

Licensed Embalmer No. 75-1

P. O. Address Macon 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.