

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13175

0560

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BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LA BELLE TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LA BELLE TWP.	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXX		d. STREET ADDRESS (If rural, give location) XXXX	
3. NAME OF DECEASED (Type or Print) a. (First) ADDIE b. (Middle) MAY c. (Last) WALKER		4. DATE OF DEATH (Month) (Day) (Year) 4 14 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED	8. DATE OF BIRTH 10/7/51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (State or foreign country) DEER RIDGE
13a. FATHER'S NAME FRANK SPIDLE		13b. MOTHER'S MAIDEN NAME HUIDAH KENDALL	14. NAME OF HUSBAND OR WIFE JOHN W. WALKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXX	17. INFORMANT'S SIGNATURE OR NAME HAZEL CHAPMAN QUINCY, ILL.
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) <u>Cardiovascular Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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		19b. MAJOR FINDINGS OF OPERATION 442X	
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 Dec 15, 1950, to Apr. 14, 1951, that I last saw the deceased alive on 4/14, 1951, and that death occurred at 1-2 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Willard, M.D.</u> (Degree or title)		23b. ADDRESS <u>LaBelle Mo.</u>	23c. DATE SIGNED <u>4/14-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/15/51	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	24d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI
DATE REC'D BY LOCAL REG. 4-15-51	REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. ...</u> ADDRESS LEWISTOWN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8 1959

Date Received: APR 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-751
Date Filed: APR 19 1951

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 S. Arnold, Sr*.....

Licensed Embalmer No. 4667.....

P. O. Address LEVISTOWN, 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.