

FILED MAY 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13184

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Brookfield</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> <u>0502</u>	
c. LENGTH OF STAY (in this place) <u>83 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>215 W John St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>215 W John St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Lynch</u> c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 18 1865</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTH <u>1</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>John Lynch</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>Alex Walker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Alex Walker</u> ADDRESS <u>Brookfield</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerosis</u>		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Prostatic Hypertrophy</u>		DUE TO _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
19c. 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) _____	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>Dec 10 1944</u> , to <u>April 11 1951</u> , that I last saw the deceased alive on <u>April 11 1951</u> , and that death occurred at <u>3 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy P. Haley</u> (Degree or title) <u>0 210</u>		23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>April 15/51</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Michael</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield MO</u>
DATE REC'D BY LOCAL REG. <u>4-23-51</u>	REGISTRAR'S SIGNATURE <u>W. B. Erwin</u> <u>167</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boudier Funeral Home</u> ADDRESS <u>Brookfield</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

587
10.48

Date Received: MAY 2 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-844
Date Filed: MAY 3 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 Jamer B. McCalland
Licensed Embalmer No. 4230

P. O. Address Brookfield, M

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.