

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16231
Registrar's No. 441

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield Rural Center Twsp.</u>	
c. LENGTH OF STAY (If this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield R.F.D. # 6 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THELMA</u>		b. (Middle) <u>FERN</u>		c. (Last) <u>WALKINGSTICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4 Sept. 1912</u>	
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Commerce, Texas</u>	
10a.		11.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Oscar Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>W. Effie Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Walkingstick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W.H. Walkingstick, Rt 6, Springfield, Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retroperitoneal sarcoma</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Large tumor in right retroperitoneal region</u>	

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 May 10, 1951, to May 15, 1951, that I last saw the deceased alive on May 15, 1951, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Maher, M.D.</u>		23b. ADDRESS <u>Medical Arts Bldg.</u>		23c. DATE SIGNED <u>17 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>17 May 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>5-17-51</u>		REGISTRAR'S SIGNATURE <u>W.S. Standley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.D. Hall, Thruway, Springfield, Missouri</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Paul C. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No..... 2899

P. O. Address Springfield, Missouri

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.