

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17073
 Registrar's No. 92

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4244		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville		c. LENGTH OF STAY (In this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville		048	
d. FULL NAME OF HOSPITAL OR INSTITUTION 114 E. Wilson St.				d. STREET ADDRESS (If rural, give location) 114 E. Wilson St.			
3. NAME OF DECEASED (Type or Print) CHARLES			a. (First) L.		b. (Middle) WALKER		c. (Last)
4. DATE OF DEATH June 2, 1951		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 13, 1891		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Salesman		10b. KIND OF BUSINESS OR INDUSTRY Car Salesman		11. BIRTHPLACE (State or foreign country) Cartersville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harvey Walker		13b. MOTHER'S MAIDEN NAME Mary E Vandiver		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Trace Mayfield Cartersville Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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 5-26, 1951, to 6-2, 1951, that I last saw the deceased alive on 6-1, 1951, and that death occurred at 6:15a m., from the causes and on the date stated above.							
23a. SIGNATURE M. Conner				23b. ADDRESS D.D. CARTERSVILLE MO		23c. DATE SIGNED 6-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-51		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Joplin		24d. LOCATION (City, town, or county) (State) Mo	
DATE REC'D BY LOCAL REG. June 4-51		REGISTRAR'S SIGNATURE J.L. Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

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

0490

RECEIVED 6-11-51
Jasper County Health Office

County File Number 51/6/484
Date Filed 6-11-51

NOV 2 8 1952

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.