

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19379**

FILED JUL 2 - 1951

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5075 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Golden City Rural		c. CITY (If outside corporate limits, write RURAL and give township) Gower	
c. LENGTH OF STAY (In this place) 7 mo.		d. STREET ADDRESS (If rural, give location) Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Jane c. (Last) Walkup			4. DATE OF DEATH (Month) (Day) (Year) June 22, 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 1, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 2 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Buchanan Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Rodman	13b. MOTHER'S MAIDEN NAME Esther Kinnard	14. NAME OF HUSBAND OR WIFE Thomas J. Walkup
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Hoffmeister, Golden City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Parotis gland		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 18, 1951**, to **June 22, 1951**, that I last saw the deceased alive on **June 22, 1951**, and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) Rudolf Kuepp M.D.	23b. ADDRESS Golden City, Mo	23c. DATE SIGNED 6/22/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE June 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery	24d. LOCATION (City, town, or county) (State) Gower, Mo.
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DATE REC'D BY LOCAL REG. June 22, 1951	REGISTRAR'S SIGNATURE Hazel M. Pugh	25. FUNERAL DIRECTOR'S SIGNATURE Phillips Funeral Home, Golden City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2060

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 26 1951

Dist. File 627-1400

Date Filed 6-29-51

JUN 26 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 H. P. Hough

Licensed Embalmer No. 3278

P. O. Address Golden 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.