

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **19555**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived, If Institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>6 hrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden, Mo. Rte. 2</b> <b>1030</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Brandon Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>/</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ERVIE</b> b. (Middle) <b>W.</b> c. (Last) <b>WALKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 18, 1891</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Days <b>10</b> Hours <b>20</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kennett, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Tom Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Barr</b>		14. NAME OF HUSBAND OR WIFE <b>Clara E. Walker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clara Walker Malden, Mo. Rte 2</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>33x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>Feb 2</b> , 19 <b>51</b> , to <b>June 8</b> , 1951, that I last saw the deceased alive on <b>June 8</b> , 1951, and that death occurred at <b>11 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> <b>W. L. Brandon, M. D.</b> (Degree or title)			23b. ADDRESS <b>Brandon Hospital</b>		23c. DATE SIGNED <b>June-11-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bernie, Missouri</b>
DATE REC'D BY LOCAL REG. <b>June 11 - 1951</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Landess Funeral Home Campbell, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JUN 20 1966

BUTLER CO. HEALTH CENTER

FILE No. 651-276.

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.....  
Student Embalmer

Signed Christina M Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.