

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21957**

FILED AUG 1 1951

Registrar's No. **110**

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 110		
1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (in this place) 4 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		0043		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 520 E RAILROAD				d. STREET ADDRESS (If rural, give location) 520 E. RAILROAD				
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) CORDELIA		c. (Last) WALKER		
4. DATE OF DEATH		(Month) 7		(Day) 23		(Year) 1951		
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 11-26-1872		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 7 Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) CHRISTIAN COUNTY, MO.		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME AARON GIMLIN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ALBERT WALKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS QUINETTA BENTON, MEXICO, 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) Chronic myocarditis 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. Hypertension					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X					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) Mexico, Audrain Mo.				
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 1-10- , 19 50 , to 7-23- , 19 51 , that I last saw the deceased alive on 7-22- , 19 51 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE H. J. C. T. M.D. (Degree or title)				23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 7-24-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-24-51		24c. NAME OF CEMETERY OR CREMATORY ASHLAND		24d. LOCATION (City, town, or county) (State) St. JOSEPH, MO. MO.		
DATE REC'D BY LOCAL REG. July 24-1951		REGISTRAR'S SIGNATURE Blanche Keely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max J. L. Owens, Mexico, Mo.				

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

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Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 751-1344
Date Filed: JUL 30 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
Harry T. Bell Student Embalmer No. 403
working under my personal supervision.

Student Harry T. Bell
Student Embalmer

Signed Eli Bell

Licensed Embalmer No. 2130

P. O. Address Tulsa 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.