

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31065

State File No.

BIRTH NO. 63052-57 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 155

0812
0

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

1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY OR TOWN <u>ROLLA</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>0812</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PHELPS Co. Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES EDWARD</u> b. (Middle) <u>WALKER</u> c. (Last) _____			4. DATE OF DEATH <u>SEPT. 13, 1951</u> (Month) (Day) (Year)		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>SEPT. 13, 1951</u>	9. AGE (In years last birthday) _____	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rolla, Mo. 0</u>	

13a. FATHER'S NAME <u>WOODROW WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA L. VIEHMAN</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WOODROW WALKER - STEELVILLE, MO.</u> ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Anoxia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day 5 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible Cerebral Hemorrhage</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Elongated Vertex of Head</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7600</u>	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., sea)	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 9-13, 1951, to 9-13, 1951, that I last saw the deceased alive on 9-13, 1951, and that death occurred at 9:35 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John Charles Doulick Jr. M.D.</u>	23b. ADDRESS <u>Steelville, Mo.</u>	23c. DATE SIGNED <u>9-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas L. Stewart</u>	ADDRESS <u>Steelville, Mo.</u>
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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

Thomas S. Hackett

Signed.....
Student Embalmer

Licensed Embalmer No. 4532

P. O. Address Steeleville, 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.