

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32477**

FILED OCT 25 1951

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

BIRTH NO. _____		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 5031		Registrar's No. 215	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Centre		c. LENGTH OF STAY (in this place) 4 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		172	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile east Vandalia				d. STREET ADDRESS (If rural, give location) North Madison Street			
3. NAME OF DECEASED (Type or Print) MYRTLE		a. (First) C.		b. (Middle) WALKER		c. (Last)	
4. DATE OF DEATH Oct. 6 1951		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 25 1876	
9. AGE (In years last birthday) 74		10. UNDER 1 YEAR 10		11. UNDER 10 HRS. 10		12. UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY House wife		11. BIRTHPLACE (State or foreign country) Montgomery County Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Daniel T. Walker		13b. MOTHER'S MAIDEN NAME Eliza Jane Brown	
14. NAME OF HUSBAND OR WIFE Deceased				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Gerard Wright Vandalia Mo.				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Medial CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene ANTECEDENT CAUSES Diabetes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LEFT Leg 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 6 mo. 20 years	
18. CAUSE OF DEATH		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		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)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from Jan 20, 1951 , to Oct 6, 1951 , that I last saw the deceased alive on Oct 4, 1951 , and that death occurred at 6 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Willis H. Waller, M.D.				23b. ADDRESS Wellsville		23c. DATE SIGNED 10/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/8/51		24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.		24d. LOCATION (City, town, or county) (State) Wellsville, Montg. Missouri	
DATE REC'D BY LOCAL REG. Oct 12 1951		REGISTRAR'S SIGNATURE Malcolm Dugan		25. FUNERAL DIRECTOR'S SIGNATURE W.B. Wells		ADDRESS Wellsville	

no

Date Received: OCT 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1860
Date Filed: OCT 17 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 A. B. Kells

Licensed Embalmer No. 1588

P. O. Address Hellville 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.