

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33012

State File No.

FILED OCT 31 1951

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo Marion</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown, Mo Marion</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Centertown, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Centertown, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Margrett</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 24, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar, 5, 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Gatchett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Dearing</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hadley Walker</u> ADDRESS <u>Centertown</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u> <u>age</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>poor nutrition, solar</u> 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	20. 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) <u>490x</u> (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 Dec 18, 1951, to Oct 24, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 4:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leah M. Hittman, M.D.</u>	23b. ADDRESS <u>East Bondin, California</u>	23c. DATE SIGNED <u>9/25/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 27</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>East Bondin, California</u> ADDRESS
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RECEIVED OCT 30 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 30 1951

OCT 15 1952

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 Earl Bonlin

Licensed Embalmer No. 2126

P. O. Address California

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.