

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34220**

FILED OCT 29 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon 1550</b>	
c. LENGTH OF STAY (In this place) <b>5 Days</b>		d. STREET ADDRESS (If rural, give location) <b>So. Hickory 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Leonard A. Walker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1951</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 12 - 1899</b>	9. AGE (In years last birthday) <b>52</b>	UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 YEAR Hours <b>19</b>	IF UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Lawrence, Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Jefferson C. Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
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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) _____		16. SOCIAL SECURITY NO. <b>486-03-6729</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Addie Walker, Mt. Vernon, Mo.</b>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure</b>		DUPLICATE				_____	
ANTECEDENT CAUSES		DUE TO (b) <b>Cerebral thrombosis - Rt frontal area</b>				<b>3 wks</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 _____		332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (COUNTY) (STATE) _____	
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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"/>		21f. HOW DID INJURY OCCUR? _____			
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22. I hereby certify that I attended the deceased from **12/24, 1944**, to **9/30, 1951**, that I last saw the deceased alive on **9/30, 1951**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gleneth Glover, Jr.</b> (Degree or title) _____		23b. ADDRESS <b>Mt. Vernon, Mo.</b>		23c. DATE SIGNED <b>10/2/51</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mt. Vernon, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>Oct. 18 - 51</b>		REGISTRAR'S SIGNATURE <b>Ora Mc Natt 157</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Max L. Fossett, Mt. Vernon, Mo.</b>		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 23 1931

Dist. File 1031-1889

Date Filed 10-23-31

OCT 30 1931

**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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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.