

FILED OCT 15 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 34655

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5986</u>		Registrar's No. <u>149</u>			
1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Taveron</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		<u>0850</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL PULASKI</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u>			b. (Middle) <u>Wayne</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>July 27-1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min. <u>2 4 0 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Home-RURAL-PULASKI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Raymond Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Evelyn Juanita Hillen</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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>Raymond Walker</u>			ADDRESS <u>Crocker Mo Rt #1</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bronchial</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Janitation of care</u>							
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>491X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>Oct 6</u> , 1951, to <u>Oct 8</u> , 1951, that I last saw the deceased alive on <u>Oct 8</u> , 1951, and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. Mallett</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Crocker Mo</u>		23c. DATE SIGNED <u>10-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Murray County MO</u>			
DATE REC'D BY LOCAL REG. <u>10-12-51</u>		REGISTRAR'S SIGNATURE <u>Paula Spi Anderson</u>		458		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Home Crocker Mo</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

850
1

RECEIVED 10-13-51
Pulaski County Health Officer
File Number
Date Filed 10-13-51

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 _____

Remains of Infant were

Student Embalmer No. _____

working under my personal supervision.

not Embalmed

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.