

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 144

0352  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Genevieve</u> <u>0951</u>	
c. LENGTH OF STAY (In this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>20 South Main St. 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Dunklin Co. Memorial Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)		b. (Middle) <u>W.</u>	
c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15, 1892</u>
9. AGE (In years last birthday) <u>61 59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>State Bank Examiner</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>G. H. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Miller</u>	
13c. NAME OF HUSBAND OR WIFE <u>Louise McKenzie Walker</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>489-09-4360</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louise Walker, St. Genevieve, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Nov. 11</u> , 19 <u>51</u> , to <u>Nov. 14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 14</u> , 19 <u>51</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chester R. Beck M.D.</u>		23b. ADDRESS <u>201 Colley St. - Kennett, Mo.</u>	
23c. DATE SIGNED <u>Nov. 14, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 17, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Genevieve Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-30-1951</u>		REGISTRAR'S SIGNATURE <u>Carl Huspord</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Salmon</u>		ADDRESS <u>Kennett, Missouri</u>	

APR 3 1952

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 12-3-51  
COUNTY FILE NUMBER 1251-337

DEC 14 1951

REC 6 1956

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 *Amel D. Brown*

Licensed Embalmer No. 4636

P. O. Address *Harold Hill*

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.