

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41462**

FILED JAN 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 40

1490  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Arcadia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Arcadia</b>	
c. LENGTH OF STAY (In this place) <b>6 months</b>		d. STREET ADDRESS (If rural, give location) <b>1 mile east of Arcadia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home for Aged Baptists</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Marcus</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Walker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 30, 1858</b>	9. AGE (In years last birthday) <b>93</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>shoe cutter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Louisville, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Chapley Walker</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Walker</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) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>D.J. Scott, Arcadia, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Acute Lobar</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> 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 <b>490x</b>	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) (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 12-6, 1951 to 12-28, 1951, that I last saw the deceased alive on 12-6, 1951, and that death occurred at 5.10 PM, from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. DeVoe, D.C.</b> (Degree or title)	23b. ADDRESS <b>Ironton, Missouri</b>	23c. DATE SIGNED <b>12-28-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-29-51</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-31-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Lois Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home</b>	ADDRESS <b>Ironton, Mo.</b>
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**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

*Ernest White*

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

**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.