

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42460**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5901** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural CONCORD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CONCORD 078	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Rt 2 Portageville	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Melissa b. (Middle) Walker c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) Dec 20, 1951	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 2, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 3 Days 18 IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) Franklin County Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Eli Johnson	13b. MOTHER'S MAIDEN NAME Cordelius Thompson	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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Florence Starks ADDRESS Rt 2 Portageville, Mo
--	-------------------------------------	---

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 331X	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) (Min.)	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 **Nov. 10, 1949**, to **12-19, 1951**, that I last saw the deceased alive on **12-19, 1951**, and that death occurred at **LIPDA** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Claude H. Chester, D.O. (Degree or title)	23b. ADDRESS Wardell, Mo.	23c. DATE SIGNED 12-21-51
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-51	24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	24d. LOCATION (City, town, or county) (State) Rural Hayti, Mo
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 1-4-52	REGISTRAR'S SIGNATURE John W. German (Licensed Embalmer's Statement on Reverse Side)	25. FUNERAL DIRECTOR'S SIGNATURE John W. German ADDRESS Hayti, Mo
--	---	---

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

0780

Dr. P. H. Chester
FILED JAN 9 1952

1-52-9

Rec. JAN 5 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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: *Raymond L. Duffie*
Licensed Embalmer No. *4798*

P. O. Address: *Hayti, 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.