No. 300
10.48

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

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44100

5821 State File No.

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4345 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: New Madrid 072D
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Matthews, Mo
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#1 Matthews, Mo 072D
d. STREET ADDRESS (If rural, give location): 2

3. NAME OF DECEASED (Type or Print)
a. (First): Earnest
b. (Middle): Lee
c. (Last): Walker

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 1951

5. SEX: M 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single (1)
8. DATE OF BIRTH: 2/6/50
9. AGE (In years last birthday): If under 1 year: Months 10, Days 23; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Ed Walker
13b. MOTHER'S MAIDEN NAME: Correne Harris
14. NAME OF HUSBAND OR WIFE: XX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: ED Walker
ADDRESS: R#1 Matthews, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 490X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 1957, *to* Dec 29, 1957, *that I last saw the deceased alive on* Dec 11, 1957, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E J Niemstedt
(Degree or title) M D
23b. ADDRESS Sikeston Mo
23c. DATE SIGNED 1-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/29/51
24c. NAME OF CEMETERY OR CREMATORY: Kewanee Cemm
24d. LOCATION (City, town, or county) (State): Kewanee, Mo

DATE REC'D BY LOCAL REG.: 1-12-52
REGISTRAR'S SIGNATURE: Helen Loud Jones
21G1
FUNERAL DIRECTOR'S SIGNATURE: Mary Jones
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John Allutton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.