

FILED FEB 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4783

State File No. ....  
Registrar's No. 11

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3024

451  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette	c. LENGTH OF STAY (In this place) 24 hrs	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Richmond Twp. 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) R. R. #3 -Fayette 1	

3. NAME OF DECEASED (Type or Print) a. (First) Bishop b. (Middle) Marcin c. (Last) Walkup	4. DATE OF DEATH (Month) (Day) (Year) February 6, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 29, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 7	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Mathew Thomas Walkup	13b. MOTHER'S MAIDEN NAME Laura Brown	14. NAME OF HUSBAND OR WIFE Nola Crowley
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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) No	16. SOCIAL SECURITY 486-36-1103	17. INFORMANT'S SIGNATURE OR NAME Mrs B. M. Walkup	ADDRESS Fayette, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2-3 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma stomach</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary heart disease (insufficiency)</i>		
DUE TO (c) <i>Carcinoma stomach</i>		1-2 mo	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Jan 8, 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma stomach & metastasis liver	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 151X
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1951, to Feb 6, 1952, that I last saw the deceased alive on Feb 6, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. Reed</i>	(Degree or title)	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 2-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/8/52	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo
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DATE REC'D BY LOCAL REG. 2-13-52	REGISTRAR'S SIGNATURE Mary K. Shell	436-0	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr	ADDRESS Fayette, Mo
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6/2/12

**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~~ \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ralph A. Carr*

Licensed Embalmer No. 3340

Signed \_\_\_\_\_

Student Embalmer

P. O. Address Jedijette 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.