No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1952

State File No. 11903

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 401X Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock-Port Mo
c. LENGTH OF STAY (in this place):
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: Atchison 0030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rock-Port Mo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle):
c. (Last): Walkup

4. DATE OF DEATH (Month) (Day) (Year): May 5 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: May 24 1861
9. AGE (In years last birthday): 90 — If under 1 year: Months 11, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Agency Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Robert Frans
13b. MOTHER'S MAIDEN NAME: Emma Johnson
14. NAME OF HUSBAND OR WIFE: A. R. Walkup (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pete Hedgepith
ADDRESS: Rock-Port 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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 10 yrs
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 ☐ 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 Apr 28, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE: E. B. Leuke MD (Degree or title) 0
23b. ADDRESS: Rock Port Mo
23c. DATE SIGNED: May 5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7/52
24c. NAME OF CEMETERY OR CREMATORY: Greenhill Cemetery
24d. LOCATION (City, town, or county) (State): Rock-Port Mo

DATE REC'D BY LOCAL REG.: May 9, 1952
REGISTRAR'S SIGNATURE: Marvin V. Schooler 443-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. B. Bertram
ADDRESS: Rock Port 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 By Me

..... Student Embalmer No. .....

working under my personal supervision.

Signed J B Bertram

Signed ..... Student Embalmer

Licensed Embalmer No. 4024

P. O. Address Rock Port Me

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.