

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17178

State File No. _____

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3098 Registrar's No. 67

592
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>1117 1/2 Hogan St, 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs Pauli Nursing Home - Cocheron</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mirta</u>	b. (Middle) <u>0</u>	c. (Last) <u>Walker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 1 1871</u>	9. AGE (In years last birthday) <u>81</u>	10 UNDER 1 YEAR <u>3</u> Months	11 OVER 1 YEAR <u>6</u> Days	12 IF UNDER 1 HR. <u>1</u> Hour	13 IF UNDER 1 MIN. <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dembrock S. Conger</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Elizabeth Zimmerman</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Walker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna P. Conger</u>	ADDRESS <u>3735 Walnut Kcmo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Myocarditis</u>		<u>10 yrs</u>
	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. <u>Diabetes Mellitus</u>		<u>3 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	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 Aug 23, 1950, to Apr 29, 1952 that I last saw the deceased alive on Apr 29, 1952 and that death occurred at 6:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Dowell M.A.</u> (Degree or title)	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>5/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 9 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>May Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/9/52</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u>	ADDRESS <u>Funeral Home Chillicothe Mo</u>
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JUN 19 1952

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

J. M. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.