

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23589**

FILED AUG 6 1952

REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5005** Registrar's No. **77**

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

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Butler	
c. LENGTH OF STAY (In this place) 68 yrs.		d. STREET ADDRESS (If rural, give location) 402 W. Ohio	
d. FULL NAME OF HOSPITAL OR INSTITUTION 402 W. Ohio			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) S. c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) 7-29-52	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-7-1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 9 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alexander Walker		13b. MOTHER'S MAIDEN NAME Agnes Hannah		14. NAME OF HUSBAND OR WIFE Glossner Walker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes Spanish-American		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glossner Walker Butler, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the liver unknown		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 1561	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)
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 **June 20, 1952**, to **June 29, 1952** that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Doris Hatfield M.D. (Degree or title)	23b. ADDRESS 171 North Pine, Butler, Mo.	23c. DATE SIGNED 30 June 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-31-52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Mo.
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DATE REC'D BY LOCAL REG. July 30-52	REGISTRAR'S SIGNATURE Kendall Korny	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oliver Woodwood Butler, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1932

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 Robert G. Steinbeck.....

Licensed Embalmer No. 4657.....

P. O. Address Bitter, 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.