

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24209

State File No. _____

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 706

0396
1

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | |
| c. LENGTH OF STAY (In this place) <u>9</u> years | | d. STREET ADDRESS (If rural, give location) <u>208 E Thoman</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 E Thoman</u> | | | |

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|-------------------------------------|-------------------------|--------------------------|-------------------------|------------------|---------------------|-----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FRANK</u> | b. (Middle) <u>IRVIN</u> | c. (Last) <u>WALKER</u> | 4. DATE OF DEATH | (Month) <u>July</u> | (Day) <u>26</u> | (Year) <u>1952</u> |
|-------------------------------------|-------------------------|--------------------------|-------------------------|------------------|---------------------|-----------------|--------------------|

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|--------------------|-------------------------------|--|-------------------------------------|---------------------------------|-----------|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>May 8, 1875</u> | 9. AGE (In years last birthday) | <u>77</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|--------------------|-------------------------------|--|-------------------------------------|---------------------------------|-----------|-----------------------|---------------------|----------------------|---------------------|

| | | | |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Afton, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Wm B. Walker</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Dixon</u> | 14. NAME OF HUSBAND OR WIFE <u>---</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Jackson, Springfield, Mo.</u> | ADDRESS |
|---|--|--|---------|

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u> (Due to age and length of time of illness cause of death likely—Arteriosclerosis) | | |
| | 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. | | UNATTENDED BY A PHYSICIAN | |

| | | |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4500</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) |
| 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? |

22. I hereby certify that I checked the deceased from _____, that death occurred at 4:35 AM, from the causes and on the date stated above.

| | | |
|--|--|----------------------------|
| 23a. SIGNATURE <u>Frank Williamson</u> | 23b. ADDRESS <u>Greene County Court House, Springfield, Missouri</u> | DATE SIGNED <u>7/28/52</u> |
|--|--|----------------------------|

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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 28, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
|---|--------------------------------|--|---|

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| DATE REC'D BY LOCAL REG. <u>7/28/52</u> | REGISTRAR'S SIGNATURE <u>Frank Williamson, Registrar</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer, Springfield, Mo.</u> | ADDRESS |
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(Licensee's Statement on Reverse Side)

John Will
Larkin

AUG 11 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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, 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.