

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27026

State File No.

REC'D AUG 25 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>286</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR 0013</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>KIRKSVILLE</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Laplata</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEE</u> b. (Middle) _____ c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13 - 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March-8-1875</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas H. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Fischeal</u>		14. NAME OF HUSBAND OR WIFE <u>Nell Pettit Walker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>709-18-8619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee Walker</u>		ADDRESS <u>Laplata Mo.</u>	
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) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Coronary Thrombosis</u> <u>Carcinoma of Liver & Rectum</u> <u>Generalized Arteriosclerosis</u> <u>Secondary Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Aug 11</u> , 1952, to <u>Aug 13</u> , 1952, that I last saw the deceased alive on <u>Aug. 13</u> , 1952, and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. L. Roads</u> (Degree or Title) _____		23b. ADDRESS <u>D. O. Kirkville, Mo.</u>				23c. DATE SIGNED <u>8-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug-16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg</u>		24d. LOCATION (City, town, or county) (State) <u>Greensburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-13-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>Edina, Mo.</u>			

1962 9 19 2

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 Keith Hudson

Signed
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.