

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37400

FILED OCT 20 1952
BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 4509 Registrar's No. 72

1050

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

1. PLACE OF DEATH a. COUNTY <i>Sullivan</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo</i> b. COUNTY <i>Sullivan</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Humphreys</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Humphreys</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>ALTON</i> c. (Last) <i>WALKER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 13 1952</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	
8. DATE OF BIRTH <i>Oct 3 1908</i>			9. AGE (In years last birthday) <i>44</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Religious Grocery Clerk</i>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Sullivan Co mo</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		

13a. FATHER'S NAME <i>Thomas Walker</i>		13b. MOTHER'S MAIDEN NAME <i>Esther Hamilton</i>		14. NAME OF HUSBAND OR WIFE <i>Annie Walker</i>	
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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) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <i>487-03-9925</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Annie Walker Humphreys mo</i>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Intestinal Obstruction (Came Unknown)</i>			INTERVAL BETWEEN ONSET AND DEATH
		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. <i>Chronic Arthritis (Deformans) about 5 years</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>5704</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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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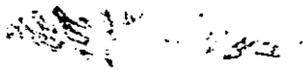
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Oct 1st*, 1952, to *Oct 13th*, 1952, that I last saw the deceased alive on *Oct 11th*, 1952, and that death occurred at *10:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Quinn + Duffy MO</i>		23b. ADDRESS <i>Winton mo</i>		23c. DATE SIGNED <i>Oct 14th 1952</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 15-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Humphreys Cem.</i>	
				24d. LOCATION (City, town, or county) (State) <i>Humphreys mo</i>	

DATE REC'D BY LOCAL REG. <i>Oct 17</i>		REGISTRAR'S SIGNATURE <i>Breta Caldwell</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P.R. Payne & Son Galt mo</i>	
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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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.