

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43199**
Registrar's No. **258**

FILED DEC 29 1952

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058	
1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles, Missouri		c. LENGTH OF STAY (in this place) 4 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Steeleville		1280
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			d. STREET ADDRESS (If rural, give location) /		
3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Demoine c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) Dec 19, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 24, 1933	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 7 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (State or foreign country) Butts, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Alvin Walker		13b. MOTHER'S MAIDEN NAME Edna Williams		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvin Walker, Steeleville, Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion & Concussion				INTERVAL BETWEEN ONSET AND DEATH 4 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Basal skull fracture seen 4 hours DUE TO (c) abruptus lacerations contusion chest				4 hours
	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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Auto	(Specify) PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moscow Mills, Steeleville, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19-52 8:15 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident			
22. I hereby certify that I attended the deceased from 12-19-1952 to _____, 19____, that I last saw the deceased alive on 12-19-1952 and that death occurred at 8:15 PM , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Russell C. Luder, M.D.			23b. ADDRESS St Charles, Mo		23c. DATE SIGNED 12-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-20-52	24c. NAME OF CEMETERY OR CREMATORY STEELEVILLE CEME.	24d. LOCATION (City, town, or county) (State) Steeleville, Mo.		
DATE REC'D BY LOCAL REG. 12-20-52	REGISTRAR'S SIGNATURE James Hammett	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 1700 Washington Blvd. ST. LOUIS 14		

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

JAN 8 1971

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 _____

David J. Farmer

Licensed Embalmer No. _____

4788

P. O. Address _____

St. Louis, 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.