

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2181**

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4312 Registrar's No. 11

0610
1

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ethel</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Josie</u> b. (Middle) <u>L. Walker</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1953</u> |
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|-------------------------|----------------------------------|--|---|--|--|---|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Feb. 2, 1875</u> | 9. AGE (in years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u> | IF UNDER 10 YRS. Hours _____ Mins. _____ |
|-------------------------|----------------------------------|--|---|--|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Browning</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Charley King</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Cleeton</u> | 14. NAME OF HUSBAND OR WIFE <u>William T. Walker</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Othal Walker,</u> | ADDRESS <u>Ethel, Mo.</u> |
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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 <u>4 Days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>481X</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) _____ m. | 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 Jan 25, 1953, to Jan 29, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dowd</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>New Pemberton, Missouri</u> | 23c. DATE SIGNED |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 31, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Winigan Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Winigan, Missouri</u> |
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|--|---|---|------------------------------|
| DATE REC'D BY LOCAL REG. <u>1/31/1953</u> | REGISTRAR'S SIGNATURE <u>Daphne Nowerton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u> | ADDRESS <u>Ethel, Mo.</u> |
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(78)

RECEIVED 2.2.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 2.53.21
Date Filed 2.9.53

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 _____

C.A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.