

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6733

State File No. _____

FILED MAR 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5-674</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln Twsp</u> c. LENGTH OF STAY (In this place) <u>14 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln Twsp</u> d. STREET ADDRESS (If rural, give location) <u>Route 1, Miller</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>CLAY</u> c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 5 1953</u>		5. SEX <u>Male</u> 0 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 8, 1863</u> 9. AGE (In years last birthday) <u>90</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Greene Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James T. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mullings</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Mary Walker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna M Walker, Miller, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>480X</u> II. OTHER SIGNIFICANT CONDITIONS <u>Influenza</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 19 <u>52</u> , to <u>Feb 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>53</u> , and that death occurred at <u>11:05P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. J. Holmer M.D.</u>		23b. ADDRESS <u>Miller Mo</u>		23c. DATE SIGNED <u>2-6-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Comfort</u>		24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-53</u>		REGISTRAR'S SIGNATURE <u>W. S. Burtley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeier, Springfield Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300

V. 10-48

0550

0550

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

Gene C. Hunter

Licensed Embalmer No. *4739*

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.