

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8987

State File No. _____

S. No. 300
V. 10.48

XC-1621 07 64
R# 3698

BIRTH MAR 17 1953

REG. DIST. NO. 4.3 PRIMARY REG. DIST. NO. 3007 Registrar's No. 102

124
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 13 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield 1030			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			d. STREET ADDRESS (If rural, give location) Box 243			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) (NMI) c. (Last) WALKER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 1, 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-4-93		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 3 Days 27 IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY CLERKING	11. BIRTHPLACE (City and State or Foreign Country) BLOOMFIELD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES WALKER		13b. MOTHER'S MAIDEN NAME DORA LINK		14. NAME OF HUSBAND OR WIFE ETHEL WALKER (WIFE)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NUMBER AT NO. 493-10-4286		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>FEB. 16, 1953</u> , to <u>MARCH 1, 1953</u> and that death occurred at <u>12:10 am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>E. D. BASKETT, M. D.</u> (Degree or title)			23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		23c. DATE SIGNED 3-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-53	24c. NAME OF CEMETERY OR CREMATORY Bloomfield Cemetery		24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.	
DATE REC'D BY LOCAL REG. 3-4-53		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chiles Und. Co. Bloomfield, Mo.		

RECEIVED

MAR 14 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-130

MAR 18 1953

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 Lulu Cooper

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.