

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9529**
Registrar's No. **264-A**

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5456**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" WILSON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" WILSON 0390	
c. LENGTH OF STAY (in this place) SYRS.		d. STREET ADDRESS (If rural, give location) Rt.#1, BROOKLINE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT.#1, BROOKLINE			

3. NAME OF DECEASED (Type or Print) a. (First) LUCINDA b. (Middle) - c. (Last) WALKER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 12-1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MAY 1-1878			9. AGE (In years last birthday) 75 <small>IF UNDER 1 YEAR: Months Days</small> <small>IF UNDER 24 HRS: Hours Min.</small>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Nixa - Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME LEWIS MAYNARD		13b. MOTHER'S MAIDEN NAME MARTHA STEPHENSON		14. NAME OF HUSBAND OR WIFE MARSHALL WALKER	
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 MRS. TILDA SPARKMAN, RT.#1, BROOKLINE, 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 Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 14 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Malignant Melanoma.		DUE TO (c) None		6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 190X	
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 **12-27, 1951**, to **3-12, 1953**, that I last saw the deceased alive on **3-12, 1953**, and that death occurred at **4:10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE William D. Park, M.D. (Degree or title)		23b. ADDRESS 609 Cary, Springfield		23c. DATE SIGNED 3/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 15-1953		24c. NAME OF CEMETERY OR CREMATORY McCONNELL CEMETERY	
24d. LOCATION (City, town, or county) (State) CHRISTIAN Co., MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris		ADDRESS Clever, Mo.	
DATE REC'D BY LOCAL REG. 3-16-53		REGISTRAR'S SIGNATURE Edith Williams			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.