

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13489**

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4070</u>		Registrar's No. <u>15</u>			
1. PLACE OF DEATH a. COUNTY - <u>Camden</u> <u>0150</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutland</u> <u>0150</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoutland Mo</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u>			b. (Middle) _____		c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 12 1895</u>		9. AGE (In years) (Last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>3</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Outer home</u>		11. BIRTHPLACE (State or foreign country) <u>Near Stoutland Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bruce Hutton</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Woods</u>			14. NAME OF HUSBAND OR WIFE <u>S.N. Walker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Edith Jennings</u> ADDRESS <u>Stoutland Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adequacy of the section 2 yrs</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) _____						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <u>March 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer</u> <u>154 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural death</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stoutland Camden Mo</u>					
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>Jan 1952</u> to <u>4-15-1953</u> , that I last saw the deceased alive on <u>4-13-1953</u> , and that death occurred at <u>2-42 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C.E. Carlton M.D.</u>				23b. ADDRESS <u>Stoutland Mo</u>			23c. DATE SIGNED <u>4-16-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dowdy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 17-1953</u>		REGISTRAR'S SIGNATURE <u>Zilpha Inaw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Evans</u> ADDRESS <u>Stoutland Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Deasey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.