No. 300
10.48

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14815

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 38

520
1

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

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knox City 0520
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ella
b. (Middle): Jane
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 29, 1866
9. AGE (In years last birthday): 86 — If under 1 year: Months 9, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Scotland County 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Napoleon B. Mc Lin
13b. MOTHER'S MAIDEN NAME: Nancy Turner
14. NAME OF HUSBAND OR WIFE: John M. Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) * ----- (If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S SIGNATURE OR NAME: Arthur Lee Walker — ADDRESS: Knox City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 334X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility and Blindness — 15 yrs

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) m.
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* Apr. 30, 1953, *to* May 6, 1953, *that I last saw the deceased alive on* May 5, 1953, *and that death occurred at* 1:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry L. McCracken 2 D.O.
23b. ADDRESS: La Belle, Missouri
23c. DATE SIGNED: 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/8/53
24c. NAME OF CEMETERY OR CREMATORY: Deer Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Deer Ridge, Missouri

DATE REC'D BY LOCAL REG.: May 9-1953
REGISTRAR'S SIGNATURE: Nell S. Hunsett 151-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. Coder Jr. — ADDRESS: La Belle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Myself

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 4228

P. O. Address La Belle, 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.