

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15367**

FILED APR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>90</u>	
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. LENGTH OF STAY (In this place) <u>17 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jonesburg</u>		d. STREET ADDRESS (If rural, give location) <u>0700</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>CLYDE</u> (Type or Print)			b. (Middle) <u>C</u>		c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 16 1884</u>		9. AGE (In years less birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work doing at moment working here, even if retired) <u>Real Estate Salaman</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper County MO</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Wm Waller</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Minor</u>		13c. NAME OF HUSBAND OR WIFE <u>Emanda Waller</u>			
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. <u>488-38-044</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emanda Waller Jonesburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Memia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>hypertension</u>			
				DUE TO (c) <u>Arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</u>				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>March 26, 1953</u> to <u>April 8, 1953</u> that I last saw the deceased alive on <u>April 7, 1953</u> and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Cooney</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Dr. Cooney, Mo</u>		23c. DATE SIGNED <u>April 10-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>April 10 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesburg MO</u>	
DATE REC'D BY LOCAL REG. <u>April 10 1953</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Carl A. Hachey</u> ADDRESS <u>Jonesburg MO</u>			

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 Carl A. Paide

Licensed Embalmer No. 4115

P. O. Address Jonestown 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.