

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16730

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4470 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arrow Rock		c. LENGTH OF STAY (in this place) 50 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arrow Rock 0970		
d. FULL NAME OF HOSPITAL OR INSTITUTION Streets not numbered			d. STREET ADDRESS (If rural, give location) Streets not numbered		
3. NAME OF DECEASED (Type or Print) a. (First) Walker b. (Middle) ----- c. (Last) Sevier			4. DATE OF DEATH (Month) (Day) (Year) April 18, 1953.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH March 3, 1892	9. AGE (in years last birthday) 61	IF UNDER 1 YEAR Months 1 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Cooper Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME U.B. Sevier		13b. MOTHER'S MAIDEN NAME Isabel Malotte		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I.		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Lena Hammond, Arrow Rock, Mo. ADDRESS -----		
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) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES DUE TO (b) Exposure Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ----- 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: 490X				
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 April 15, 1953, to April 17, 1953 , that I last saw the deceased alive on April 17, 1953 , and that death occurred at 10-30A.M. from the causes and on the date stated above.					
23a. SIGNATURE W. L. Lawless (Degree or title) M.D.			23b. ADDRESS W. L. Lawless, Marshall, Mo.		23c. DATE SIGNED 4-20-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20, 1953	24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery,		24d. LOCATION (City, town, or county) (State) Arrow Rock, Mo.	
DATE REC'D BY LOCAL REG. 4-20-1953	REGISTRAR'S SIGNATURE 385 Sidney F. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo.		

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

MAY 6 1958

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 James H Lewis Jr.
Licensed Embalmer No. 4709
P. O. Address Marshall, 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.