

FD MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18831**BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **5853** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville - rural 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Leonard Frueh home		d. STREET ADDRESS (If rural, give location) 2 miles north	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ANDREW	b. (Middle) JOSEPH	c. (Last) WALK	5 7 53		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/2/64	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR	IF UNDER 1 HOUR	IF UNDER 1 MIN.
					Months	Days	Hours

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Farmer - retired	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and State or Foreign Country) Warren Co., Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew Walk	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE Mary C. Sherman Walk, dec
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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. Leonard Frueh, Maryville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertention		10 yrs
DUE TO (c) Arterio sclerosis		15 yrs	
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 no operations	4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased ~~person~~ **not attended** to **May 7**, 19 **53**, that I last saw the deceased alive on **May 7**, and that death occurred at **4** **A.** m., from the causes and on the date stated above.

23a. SIGNATURE Leonard Frueh M.D. Coroner	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 5-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/9/53	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
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DATE REC'D BY LOCAL REG. 5-16-53	REGISTRAR'S SIGNATURE Les Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.
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(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

Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Marysville - Ma

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.