

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24203**

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **47**230
4

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

1. PLACE OF DEATH a. COUNTY Clark			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Clark		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kahoka		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kahoka		0230 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Ward Nursing Home			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Joseph L. Walker			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH July 9 1953			(Month)	(Day)	(Year)
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar. 23-1865	9. AGE (In years last birthday) 88	10. MONTHS 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Fairmont, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chenezer Walker		13b. MOTHER'S MAIDEN NAME Mary Catherine Harris		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Duncan		ADDRESS Kahoka	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma (Epithelial Pigmented) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS myocarditis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1, 1852 to July 9, 1953 , that I last saw the deceased alive on July 8, 1953 , and that death occurred at 3 P m., from the causes and on the date stated above.					
23a. SIGNATURE Perry S. Barton, D.O. (Degree or title)			23b. ADDRESS Kahoka, Mo		23c. DATE SIGNED 7-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12-1953	24c. NAME OF CEMETERY OR CREMATORY Liberty Cem.	24d. LOCATION (City, town, or county) (State) Clark County Mo.		
DATE REC'D BY LOCAL REG. 7/13-53	REGISTRAR'S SIGNATURE J. H. Bridges	61-4	25. FUNERAL DIRECTOR'S SIGNATURE Leffing Ind	ADDRESS Kahoka	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John L. Sutter

Licensed Embalmer No. _____

2969

P. O. Address _____

Luray MO

Student
Student Embalmer

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.