

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27395**  
REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6084** Registrar's No. **149**

FILED **AUG 3 1953**

0970

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Twp. Blackwater</b>		c. LENGTH OF STAY (In this place) <b>34 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Miles west of Nelson, Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>3 Miles West of Nelson, Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>Leonard</b>	a. (First) <b>Leonard</b>	b. (Middle) <b>Calvin</b>	c. (Last) <b>Walker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 28 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 4-1898</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>54 7 24</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer-General Farm Work Owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Ownership</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Osage Co, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Harrison Walker</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Elizabeth Harrison-Fannie Campbell Walker</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Leonard C. Walker-Nelson, Mo.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Leonard C. Walker-Nelson, Mo.</b>	ADDRESS. <b>151X</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb**, 1953, to **July 27**, 1953, that I last saw the deceased alive on **July 21**, 1953, and that death occurred at **3:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard D. Truelles</b>	23b. ADDRESS <b>Box 2 Marshall, Mo</b>	23c. DATE SIGNED <b>7-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/31/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset M. Garden</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 28-53</b>	REGISTRAR'S SIGNATURE <b>Redney T. Gray</b>	385	FUNERAL DIRECTOR'S SIGNATURE <b>J. Leake Saxsony-Marshall, Mo</b>	ADDRESS
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AUG 25 1959

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

*J. Leslie Swartz*

Licensed Embalmer No. 3235

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.