

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28916

State File No.

FILED SEP 11 1953

4197

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Mc Donald</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Goodman</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>Anderson Route 0600</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>TRELLA</u>	b. (Middle) <u>LADSON</u>	c. (Last) <u>WALKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 24 53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>1/23/43</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Jc/HOO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TEXHOMA OKLA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>OSCAR L. WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>LELY LELAND WASH</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>20</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mahey Walker</u>		ADDRESS <u>Goodman</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>Bullet Wound abdomen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>29 190</u> <u>19</u>
18. 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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Goodman, Mc Donald, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-24-53</u> m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>From accidently discharge</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Hugh S. Owens</u> (Degree or title)			23b. ADDRESS <u>1034 Paul St Bldg</u>		23c. DATE SIGNED <u>8-25-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/26/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-26-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheels</u> ADDRESS <u>R.C. Mo</u>		

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

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.....
Signature of Student Embalmer

Signed *J. P. Sheil*.....

Licensed Embalmer No. *362*
P. O. Address *R.C.M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.