

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32413

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>349</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>10/3/53</u>		c. CITY OR TOWN <u>Hannibal</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>				e. STREET ADDRESS (If rural, give location) <u>7200 St. Mary's Avenue</u> <u>6440</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James B. Walker</u>			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>October 5, 1953</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 8, 1889</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>27</u>		IF UNDER 24 HRS. Days <u>27</u> Hours <u>27</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Caterpillar Tractor</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>							
13a. FATHER'S NAME <u>Harvey Walker</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Hart</u>			14. NAME OF HUSBAND OR WIFE <u>Leota Ayres Walker</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. B. Walker Hannibal Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute congestive heart failure</u> <u>thyrotoxicosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive heart failure</u> ANTECEDENT CAUSES <u>thyrotoxicosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hannibal Marion mo.</u>			
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?			
22. I hereby certify that I attended the deceased from <u>10/3</u> , 19 <u>53</u> , to <u>10/5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/5</u> , 19 <u>53</u> , and that death occurred at <u>7:10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard Matting md</u>			23b. ADDRESS <u>115 W 5th St</u>			23c. DATE SIGNED <u>10/7/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/7/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-8-53</u>		REGISTRAR'S SIGNATURE <u>W. L. Tucker</u>		EMBALMER'S SIGNATURE AND ADDRESS <u>John D. Stand Hannibal Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 13 1953
MARION CO. HEALTH DEPT.
DATE FILED ~~OCT 13 1953~~

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.....
Licensed Embalmer No....4540

P. O. Address Hannibal, Miss.

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.