

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35754

State File No.

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Deer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>0470</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Burby</u> b. (Middle) <u>Burby</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 4 1953</u>
9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>2</u> Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>Burby Burby Walker</u>	
13b. MOTHER'S MAIDEN NAME <u>Blenda Evans</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Civil Walker</u>		ADDRESS <u>Ellington Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial injury</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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"/>		<u>7600</u>	
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) <u>10-4-53 10:45A</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>At birth</u>	
22. I hereby certify that I attended the deceased from <u>10-4</u> , 19 <u>53</u> , to <u>10-6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-6</u> , 19 <u>53</u> , and that death occurred at <u>8:45A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ben M. Ball, M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>10-10-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ellington</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-15-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u> <u>128</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pewitt</u>		ADDRESS <u>Van Buren Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Leaton Dewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren St

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.