

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **44826**

No. 300
10-48

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3110

Heart

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St Louis</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>	
c. LENGTH OF STAY (In this place) <u>6 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1080 Main Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Normandy Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1080 Main Street</u>	
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>MURLE</u>		b. (Middle) _____ c. (Last) <u>WALKER</u>	
(Type or Print)		<u>12-4-53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-14-1879</u>
9. AGE (In years last birthday) <u>74</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Papeete - Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>DWAYNE FURBECK</u>	
13b. MOTHER'S MAIDEN NAME <u>Lypia Null</u>		14. NAME OF HUSBAND OR WIFE <u>William 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 <u>Wm. Walker - Troy, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) <u>Hypertension</u>	
		DUE TO (c) <u>(Open Reduction Surgery) of Fractured Right Femur</u>	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
		<u>E9030</u> <u>20</u>	
19a. DATE OF OPERATION <u>12-2-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture (Osteoblastic) of Right femur</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Troy 057 Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>between 4 and 6 weeks before death</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fell down</u>		<u>Slipped on rug while going into kitchen</u>	
22. I hereby certify that I attended the deceased from <u>12-1-53</u> to <u>12-4-53</u>, that I last saw the deceased alive on <u>12-4-53</u>, and that death occurred at <u>2:30 A.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Dennis Jr. D.O.</u>		23b. ADDRESS <u>7250 A. Natural Bridge</u>	
23c. DATE SIGNED <u>12-4-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>12-7-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Cream.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-4-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danks M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Coy - D. D.</u>		ADDRESS <u>Troy, Mo.</u>	

DEC 21 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
Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *3077*

P. O. Address *St. Louis, 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.