

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2mo-8Da</u>	c. CITY OR TOWN <u>Clarence, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1, Fulton, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>none</u>		(If rural, give location) <u>1020</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>N.</u>	c. (Last) <u>Walker.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1954.</u>
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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>March 21, 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u> Hours <u>1</u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Live Stock</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Walker,</u>	13b. MOTHER'S MAIDEN NAME <u>Mary D. Graves</u>	14. NAME OF HUSBAND OR WIFE <u>Sophia Walker.</u>
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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) <u>D.K.</u>	16. SOCIAL SECURITY NO. <u>D.K.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital, Fulton, Mo.</u>	ADDRESS <u>Fulton, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>none</u>	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 12-31-, 1953, to 1-1-, 1954, that I last saw the deceased alive on Dec 31, 1953, and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Hunter, M.D. per J. H. Nichol, M.D.</u>	23b. ADDRESS <u>State Hospital #1, Fulton Mo</u>	23c. DATE SIGNED <u>1-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 1-1954</u>	REGISTRAR'S SIGNATURE <u>Marella Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mark C. Perry</u>	ADDRESS <u>Clarence Mo</u>
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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.....
Charles W. Green

Licensed Embalmer No. 46.....

P. O. Address.....
Channah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.