

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2036

BIRTH NO. FILED FEB 15 1954		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5758		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Miller				c. LENGTH OF STAY (In this place)			
c. CITY (If outside corporate limits, write RURAL and give township) Rural Miller				d. STREET ADDRESS (If rural, give location) 0630			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Ellen		c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) 2 3 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/31/1882		9. AGE (In years last birthday) 71	10. IF UNDER 1 YEAR Months 8 Days 2	11. IF UNDER 1 WEEK Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Sat Krohn		13b. MOTHER'S MAIDEN NAME Lizzie Sudemeyer		14. NAME OF HUSBAND OR WIFE Preston Walker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. P. B. Walker, Dixon, Missouri			
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) Cardio-Renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis - hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. paralytic ileus				INTERVAL BETWEEN ONSET AND DEATH 3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 1946 to Jan 30, 1954 , that I last saw the deceased alive on Jan 30, 1954 , and that death occurred at 1 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. W. Michigan, D.O.				23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 2/5/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/5/1954		24c. NAME OF CEMETERY OR CREMATORY Freedom		24d. LOCATION (City, town, or county) (State) Maries County, Missouri	
DATE REC'D BY LOCAL REG. 2-6-54		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri			

(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 _____

Feb. 3. 1954

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Fred M. Gullett

Licensed Embalmer No. *2341*

P. O. Address *Dixon, Missouri*

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.