

XC-16207370
R#-5810

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7885**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) Gideon	
c. LENGTH OF STAY (In this place) 57		d. STREET ADDRESS (If rural, give location) VA Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Raymond c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-22-93		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky
					12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Walker		13b. MOTHER'S MAIDEN NAME Rena E. Dye		14. NAME OF HUSBAND OR WIFE Maudie V. Walker	
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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) Yes WW I		16. SOCIAL SECURITY NO. 488-09-0994		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder & Prostate with extensive metastases.		II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uraemia, secondary to I. DUE TO (c) Cachexia, terminal pneumonia			
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"/>	
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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 **Jan 18, 1954**, to **Mar. 16, 1954**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Raul L. Ramos (Degree or title) Officer of Day, VA Hospital, Poplar Bluff, Mo.		23b. ADDRESS		23c. DATE SIGNED 3-16-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1954		24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery		24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.	
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DATE REC'D BY LOCAL REG. 3/20/54		REGISTRAR'S SIGNATURE R. D. Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell, Piggott, Ark		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 22 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

MAY 4 1954

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 me

X Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 49417

P. O. Address Hydrom 760

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.