No. 300
10.48

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18681

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 90

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

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1533 Merrill 0402

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Arthur
c. (Last): Walker.

4. DATE OF DEATH (Month) (Day) (Year): June 12 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 15, 1915
9. AGE (In years last birthday): 38 — If under 1 year: Months ___ Days 9 — If under 24 hrs.: Hours 27 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy machinery operated tractor
10b. KIND OF BUSINESS OR INDUSTRY: Maintainance.
11. BIRTHPLACE (City and State or Foreign Country): Spickard, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Walker
13b. MOTHER'S MAIDEN NAME: Polly Ann Arney
14. NAME OF HUSBAND OR WIFE: Flora Walker (wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 496-09-2694
17. INFORMANT'S SIGNATURE OR NAME: Flora Walker — ADDRESS: Trenton, MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest - Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES — Broken Right Shoulder & Collar Bone -

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 — E8350 33

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 ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Highway #6 near Gate Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Trenton Mo. Grundy Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 11th 1954 4 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Moving weeds on Highway. Tractor turned over on him

22. *I hereby certify that I attended the deceased from* June 11th, 1954, *to* June 12th, 1954 *that I last saw the deceased alive on* June 12th, 1954 *and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver F. Duffy MD.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: June 16th 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1954
24c. NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery
24d. LOCATION (City, town, or county) (State): Edinburg Mo

DATE REC'D BY LOCAL REG.: 6-15-54
REGISTRAR'S SIGNATURE: Irene Fall
25. FUNERAL DIRECTOR'S SIGNATURE: Davis - Blackmore — ADDRESS: Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 1 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed Harold L Roberts

Signature of Student Embalmer

Licensed Embalmer No. 4 9 2

P. O. Address Trenton, N

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