

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **4369** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca		c. LENGTH OF STAY (In this place) 29 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN Seneca	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 0730	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Glyde c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar	8. DATE OF BIRTH June 14, 1823	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Walker	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Flossie 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. Lost Card	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Flossie Walker, Seneca 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart dis.		
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	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1949**, to **June 1954**, that I last saw the deceased alive on **June 10, 1954**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Roberts	(Degree or title) D.O.P.O. Box 293 Seneca Mo.	23b. ADDRESS	23c. DATE SIGNED 6/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-12-54	24c. NAME OF CEMETERY OR CREMATORY Swars Pr. Bap. Cem.	24d. LOCATION (City, town, or county) (State) Newton Co. Mo.
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DATE REC'D BY LOCAL REG. 6-12-54	REGISTRAR'S SIGNATURE Mrs. Irene Russell	486-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W E Beddlemore Seneca Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 654-1011

Date Filed JUN 18 1954

NEOSHO, MISSOURI

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 W. E. Bidlee

Licensed Embalmer No. 217

P. O. Address Seneca

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.