

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28423**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4370** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) Rural-	
c. LENGTH OF STAY (in this place) 1 mo. 11 da.		d. STREET ADDRESS (If rural, give location) 3 Mi. N. Elmo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) CLYDE	c. (Last) WALKINSHAW	4. DATE OF DEATH (Month) (Day) (Year) August 16, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 20, 1879	9. AGE (in years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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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 (State or foreign country) Near College Springs, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hugh W. Walkinshaw	13b. MOTHER'S MAIDEN NAME Elizabeth Glasgow	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME X B. Y. Walkinshaw	ADDRESS Elmo, Mo.
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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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis, inanition.		INTERVAL BETWEEN ONSET AND DEATH 4 days.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Increased intracranial pressure & metastatic brain cancer.		2 weeks.
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Senility.		DUE TO (c) Primary cancer of hypo-pharynx.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 147 X	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan. 21, 1954**, to **Aug. 16, 1954**, that I last saw the deceased alive on **Aug. 15, 1954**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Daniel Ford R. O. R.	(Degree or title)	23b. ADDRESS Elmo, Missouri	23c. DATE SIGNED Aug. 30, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Bur.	24b. DATE Aug. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Covenant Cemetery	24d. LOCATION (City, town, or county) (State) Near Clarinda, Iowa.
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DATE REC'D BY LOCAL REG. 9-4-54	REGISTRAR'S SIGNATURE Beas Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John W. Price
Licensed Embalmer No. *4281*

P. O. Address *Maryville Mo*

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.