No. 300
10.48

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29642

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BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 15 yr 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospt No 3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Bates
c. CITY OR TOWN: Rockville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): unknown 0070 1

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): —
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): August 11 1954

5. SEX: M O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single O
8. DATE OF BIRTH: July 25-1915
9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months — Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Mo O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: W. S. Walker
13b. MOTHER'S MAIDEN NAME: Ida Ammons
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hospt Records ADDRESS: Nevada 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): Status Epilepticus — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSES
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
Conditions contributing to the death but not related to the disease or condition causing death. Mentally Deficient with Psychosis — 15 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

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21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Oct 26, 1953, *to* Aug 11, 1954, *that I last saw the deceased alive on* Aug 11, 1954, *and that death occurred at* 3:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sylvester Doggett M.D. O
23b. ADDRESS: State Hospt No 3 - Nevada
23c. DATE SIGNED: 8/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13-54
24c. NAME OF CEMETERY OR CREMATORY: Rockville
24d. LOCATION (City, town, or county) (State): Rockville, Mo.

DATE REC'D BY LOCAL REG.: 8-14-54
REGISTRAR'S SIGNATURE: Anna E. Ferry 451
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Oscar Eckhoff Appleton City, Mo

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Oscar Eckhoff.....

Licensed Embalmer No. 394-

P. O. Address Appleton

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.