

FILED SEP 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30374**

BIRTH NO. 60467-54 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 091

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethany, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Renton Township</u>	
c. LENGTH OF STAY (In this place) <u>9 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>Pattonsburg, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Edward Walker</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Sept 13, 1951</u>		9. AGE (In years last birthday) Months Days <u>3</u> <u>1</u> <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bethany, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robert Cleo Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Leota Mooney</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Cleo Walker</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Cleo Walker, Pattonburg, Mo.</u>	
ADDRESS <u>Pattonburg, Mo.</u>					

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pulmonary embolus 4 hrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>76.20</u>		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) <u>Pattonburg, Mo.</u>	
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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?
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22. I hereby certify that I attended the deceased from Sept 13, 1954, to Sept 13, 1954, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Miriam Seashaw MO</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Bethany Mo</u>	
23c. DATE SIGNED <u>9/20/54</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Town Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pattonburg, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9/20/54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss [Signature]</u>	
ADDRESS <u>Pattonburg, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Louis Quint*

Licensed Embalmer No. *4096*

P. O. Address *Paterson, N.J.*

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.