

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

Shaffer
State File No. **37249**
Registrar's No. **487**

FILED NOV 23 1954

No. 300
10.48

0460

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

BIRTH NO. _____		REG. DIST. NO. 142		PRIMARY REG. DIST. NO. 8507		Registrar's No. 487		
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell				
b. CITY OR TOWN Mountain View, Mo		c. LENGTH OF STAY (in this place) 82 yrs		c. CITY OR TOWN Mountain View, Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) Rural R # 1 0460				
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Moore c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) Nov, 8 1954					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm H. Walker			13b. MOTHER'S MAIDEN NAME Ester Thornton			14. NAME OF HUSBAND OR WIFE Nancy E. Walker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Nancy E. Walker ADDRESS Mountain View, 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) Myocardial Decompensation - Nephritis.					INTERVAL BETWEEN ONSET AND DEATH	
		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.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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) (m.) _____		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 April, 1952 to Nov. 8, 1954 , that I last saw the deceased alive on Nov. 8, 1954 , and that death occurred at 4 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE James R. Shaffer (Degree or title) D.D.				23b. ADDRESS Mountain View Mo		23c. DATE SIGNED 11/18/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-12-54		24c. NAME OF CEMETERY OR CREMATORY Walker Chappel		24d. LOCATION (City, town, or county) (State) Mountain View, Mo		
DATE REC'D BY LOCAL REG. 11-19-54		REGISTRAR'S SIGNATURE Laura Mitchell 126-0		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home ADDRESS Mountain View Mo				

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 *Joe R. Duncan*
Licensed Embalmer No. *438*
P. O. Address *Miss. Col.*

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.