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

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

12639

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>9319</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY OR TOWN <u>Belle</u>		c. LENGTH OF STAY (If this place)		c. CITY OR TOWN <u>Belle,</u>		0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peters Nursing Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Monroe</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 4th, 1860</u>	
9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>6</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Wm Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Matthews</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ella Logan</u>		14. NAME OF HUSBAND OR WIFE		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>M. E. Neal</u>		17. ADDRESS <u>Belle, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Rib fracture right</u> DUE TO (c) <u>Accidental fall</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9030</u>		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>3 day</u> <u>3 day</u> <u>15 years</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Belle</u> <u>Maries</u> <u>Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1 1955 5:30 am</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall while walking to bath</u>		22. I hereby certify that I attended the deceased from <u>June 1, 1952</u> , to <u>May 4, 1955</u> , that I last saw the deceased alive on <u>May 3, 1955</u> , and that death occurred at <u>2:05 P.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>L. L. Kozal, M.D.</u> (Degree or title)	
23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>4-5-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/8/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Belle, Mo. R D</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Howard</u>		25. ADDRESS <u>Belle, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-6-55</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauline Howard</u>		25. ADDRESS <u>Belle, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Vernon M. Moore*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln, 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.