

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3674**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Salem	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		STREET ADDRESS (If rural, give location) 0381	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ellen	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year) April 22nd 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 28, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Crawford County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Allen Conaway	13b. MOTHER'S MAIDEN NAME Nora Morgan	14. NAME OF HUSBAND OR WIFE Ernest Walker
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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 Ernest Walker	ADDRESS Salem Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Decompensation		5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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? 4200
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22. I hereby certify that I attended the deceased from **3-29**, 19**55** to **4-22**, 19**55**, that I last saw the deceased alive on **4-22**, 19**55**, and that death occurred at **10:15** p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Ernest Walker</i>	(Degree or title) _____	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 4-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-23-55	24c. NAME OF CEMETERY OR CREMATORY Cedar Groves	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. APR 25 1955	REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE Spencer	ADDRESS Salem Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 13 1954

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.....
[Handwritten Signature]

Licensed Embalmer No.....
P.O. Address.....

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.