

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17966

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY OR TOWN <u>Bloomfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>Route # 1</u> <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis HospT</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SCHUYLER</u>	b. (Middle) <u>DAVID</u>	c. (Last) <u>WALKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7, 1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard county, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jesse Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ray</u>	14. NAME OF HUSBAND OR WIFE <u>Gertie 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>486-38-1855</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertie Walker, Bloomfield, Mo. R. 1</u>	ADDRESS
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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, asthenia, 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) <u>Congestive failure</u>		<u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease?</u> DUE TO (c) <u>4200</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatic dysfunction</u>			<u>1 mo.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)	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 6-18-1955, to 6-22-1955, that I last saw the deceased alive on 6-21-55, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles F. Wilson M.D.</u>	23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo. 6-30-55</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Antioch cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-4-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO. Bloomfield, Mo.</u>	ADDRESS
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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
by me, & or by Lulu Cooper # 3499, ~~STUDENT~~ ~~EMBALMER~~ ~~NO~~ ~~X~~ ~~106~~ ~~X~~
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lulu C. Cooper

Licensed Embalmer No. 411

P. O. Address Bloomfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.