

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18128**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5327** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wesco</b>		c. LENGTH OF STAY (in this place) <b>7 Years</b>		c. CITY OR TOWN <b>Wesco</b>		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 <b>At Home</b>				f. STREET ADDRESS (If rural, give location) <b>Union Imp. 0280</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>Merritt</b> c. (Last) <b>Walls</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1955</b>								
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 8, 1878</b>					
9. AGE (In years last birthday) <b>77</b>		10. MONTHS <b>1</b>		11. DAYS <b>21</b>		12. IF UNDER 1 YEAR Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>O. A. Pensioner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Petersburg, Tennessee</b>					
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			13a. FATHER'S NAME <b>Wallace Walls</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Chesser</b>		14. NAME OF HUSBAND OR WIFE <b>Noda Walls</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY <b>486-18-4280</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Noda Walls, Wesco, Missouri</b>			ADDRESS			
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) <b>Cerebro-vascular accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>33IX</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>EVA Dec, 1954</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b> <b>3 to 4 hrs.</b>			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)							
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?							
22. I hereby certify that I attended the deceased from <b>10/26, 1950</b> to <b>6/30, 1955</b> , that I last saw the deceased alive on <b>6/30, 1955</b> , and that death occurred at <b>3:30 p.m.</b> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Mrs. Robey D.O.</b>				23b. ADDRESS <b>Steelville, Missouri</b>		23c. DATE SIGNED <b>6/30/1955</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/2/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lea cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Leasburg, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>7/7/55</b>		REGISTRAR'S SIGNATURE <b>Mrs. Hazel Richard</b>		505		25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. ...</b> ADDRESS <b>St. Joe, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 12 1958

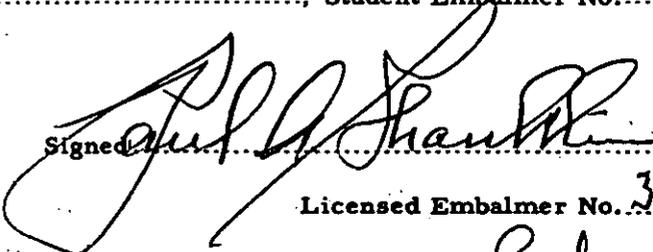
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 347

P. O. Address Cuba, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.