

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32554**

BIRTH NO. _____ REG. DIST. NO. **#67** PRIMARY REG. DIST. NO. **5260** Registrar's No. **36**

2290

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

1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give town or township) "Rural" Oldfield		c. LENGTH OF STAY (In this place) 46 Yrs.	c. CITY OR TOWN Oldfield		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: Residence			e. STREET ADDRESS (If rural, give location) Highway #125		
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) ANN c. (Last) WALKER			4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31-1878	9. AGE (In years last birthday) 77	# UNDER 1 YEAR Months Days
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) Sparta, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George McDaniel		13b. MOTHER'S MAIDEN NAME Caroline Shinman	14. NAME OF HUSBAND OR WIFE James C. Walker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Walker, Oldfield, Missouri			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Chronic Nephritis</p> <p>DUE TO (c) Atherosclerosis</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right">446X</p>				INTERVAL BETWEEN ONSET AND DEATH
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)	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 Jan. 1955 , to Oct. 24, 1955 , that I last saw the deceased alive on Oct. 21, 1955 , and that death occurred at 5:30 a.m. from the causes and on the date stated above.					
23. SIGNATURE Dr. Harriet W. Nelson		23b. ADDRESS Sparta, Mo.		23c. DATE SIGNED Nov. 5, 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 26-1955	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Sparta, Missouri		
DATE REC'D BY LOCAL REG. Nov-10-55	REGISTRAR'S SIGNATURE Elyde A. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Jalean Harris		ADDRESS Clever, 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.....
J. Alan Harris

Licensed Embalmer No. 4390

P. O. Address *Cleveland, Pa.*

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.