

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>3072</b>		Registrar's No. <b>192</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>		c. LENGTH OF STAY (In this place) <b>4 yrs</b>		c. CITY OR TOWN <b>Marshall</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>836 N. Jefferson</b>				e. STREET ADDRESS (If rural, give location) <b>836 N. Jefferson</b> <b>0970</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLERY</b>		b. (Middle) <b>THOMAS</b>		c. (Last) <b>WALKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 10, 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>June 9, 1906</b>	
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attendant Mo. State School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hickory Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>F. T. Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Kaumper</b>		14. NAME OF HUSBAND OR WIFE <b>Dessie Mae Walker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY <b>486-36-1640</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dessie Mae Walker Marshall, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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 <b>Sept</b> , 1955, to <b>Oct 10</b> , 1955, that I last saw the deceased alive on <b>Oct 10</b> , 1955, and that death occurred at <b>12:50 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard T. Muehle</b>				23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>10-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-12-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-11-55</b>		REGISTRAR'S SIGNATURE <b>Cecil J. Reed, Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Herschberger</b>		ADDRESS <b>Marshall, Mo.</b>	

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

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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.....  
*Joseph R. Mackle*

Licensed Embalmer No. 457

P. O. Address *Marsh*

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.