

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36060**
Registrar's No. **1238**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Lifetime		e. STREET ADDRESS (If rural, give location) 1817 Howard Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1817 Howard Street			
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) - c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) November 21st 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 10-1892
9. AGE (In years last birthday) 63 Yrs		# UNDER 1 YEAR Months _____ Days _____	# UNDER 100 Hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) with MoPac Railroad 9 Yrs.		10b. KIND OF BUSINESS OR INDUSTRY Also housework at home.	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Daymon Blum		13b. MOTHER'S MAIDEN NAME Mary Schinder	
14. NAME OF HUSBAND OR WIFE Harry R. Walker, Sr.			
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. 498-24-7623	
17. INFORMANT'S SIGNATURE OR NAME Mr. Harry R. Walker, Sr. City, ADDRESS 1817 Howard St.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis INTERVAL BETWEEN ONSET AND DEATH 3 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 592X	
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 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) _____			
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 Oct 11, 1952 to Nov 21, 1955 that I last saw the deceased alive on _____, 19____, and that death occurred at 11:40pm , from the causes and on the date stated above.			
23a. SIGNATURE Essie Beckman (Degree or title) c		23b. ADDRESS 1618 No 3rd St. City	
23c. DATE SIGNED Nov 23-1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE Nov. 23-1955	
24c. NAME OF CEMETERY OR CREMATORY Mount Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 23, 1955		25. FUNERAL DIRECTOR'S SIGNATURE Walter M. Allison ADDRESS St. Joseph, Mo.	

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

STATEMENT TO BE MADE BY EMBALMER
RELATIVE TO EMERALD'S OBTAINING

Form with various fields and checkboxes, including 'EMERALD' and 'STATEMENT'.

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 *Raymond H. Herche*
Licensed Embalmer No. 4413

P. O. Address St. Joseph,

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.