

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36217

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton, Missouri</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Carrollton,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bales Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>7 South Maple St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Glendon</u>		b. (Middle) <u>Howland</u>		c. (Last) <u>Walker</u>	
4. DATE OF DEATH		(Month) <u>November</u>		(Day) <u>24,</u>		(Year) <u>1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 23, 1885</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tax Assessor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Township Assessor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rural Carroll County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel H. Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Howland</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Walker</u>	
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>486-26-9486</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Glendon Walker Carrollton, Mo.</u>			
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) <u>Cardiac Insufficiency</u> <u>myocardial infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Sclerosis</u> and <u>atherosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>and</u> Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH <u>October 24, 1949</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) <u>Carrollton Carroll Mo</u>			
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 <u>11-20</u> , 19 <u>55</u> , to <u>11-24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>55</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Eugene J. Bales MD</u>				23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>11-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-8-55</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>45-</u>		ADDRESS <u>Marshall Funeral Home Carrollton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *R. M. Manshee*

Licensed Embalmer No. 4469..

P. O. Address Carrollton, ..

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.