

FILED JAN 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. #67		PRIMARY REG. DIST. NO. 5260		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Oldfield</b>		c. LENGTH OF STAY (In this place) <b>46 Yrs.</b>		c. CITY OR TOWN <b>Sparta</b>		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 <b>Residence, RFD, Sparta</b>				e. STREET ADDRESS (If rural, give location) <b>RFD, Sparta; "Rural" Oldfield</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>CALVIN</b> c. (Last) <b>WALKER</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>6,</b> Year <b>1955</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 1-1877</b>	9. AGE (In years last birthday) <b>78</b>	if UNDER 1 YEAR Months	if UNDER 48 Hrs. Hours	if UNDER 15 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ozark, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John W. Walker</b>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <b>1. Iva Newton</b> <b>2. Rose Ann McDaniel</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 NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Walker, Oldfield, Missouri.</b>					
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b> ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4221</b>						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 <b>Jan. 1955</b> , to <b>Dec. 6, 1955</b> , that I last saw the deceased alive on <b>Dec. 5, 1955</b> , and that death occurred at <b>7:30 a. m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree of U.S. _____) <b>Harriet H. Wilson</b>				23b. ADDRESS <b>Sparta, Miss</b>		23c. DATE SIGNED <b>Dec. 31-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-9-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smith Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sparta, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Dec. 31/1955</b>	REGISTRAR'S SIGNATURE <b>Nannie Day</b>		507	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Harris</b>		ADDRESS <b>Clever, Mo.</b>	

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

2230

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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.....  
*J. Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleves, 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.**