

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41205

State File No. ....

FILED JAN 9 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Lexington</u>	d. Is residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>245 N. 17th Street</u>		No. STREET ADDRESS (If rural, give location) <u>245 N. 17th St. 0540</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ULYSSES</u> b. (Middle) <u>BUD</u> c. (Last) <u>WALKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 22-1955</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 27, 1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Edward Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Edmore</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>487-05-0438</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rebecca White Lawrence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>
	- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u> DUE TO (c) <u>arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			

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) (Min.)	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 Nov 26, 1955, to Dec 21, 1955 that I last saw the deceased alive on Dec 21, 1955 and that death occurred at 1130 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph W. Riley M.D.</u>	(Degree or title)	23b. ADDRESS <u>Lexington</u>	23c. DATE SIGNED <u>12-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>December 27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-6-56</u>	REGISTRAR'S SIGNATURE <u>Wm. Ernest Green</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Ernest Green</u>	ADDRESS <u>Marshall Mo</u>

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 *George Green*.....

Licensed Embalmer No. *422*

P. O. Address *Marshall, N.C.*

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.