

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3686**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Williamstown
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		STREET ADDRESS (If rural, give location) Rural 0560	

3. NAME OF DECEASED (Type or Print)	a. (First) Beatha	b. (Middle) Alice	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 15, 1891	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Williamstown, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Tweed	13b. MOTHER'S MAIDEN NAME Lydia	14. NAME OF HUSBAND OR WIFE Mervin S. Walker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Glen Walker, Kirksville, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEULLARY PARALYSIS		INTERVAL BETWEEN ONSET AND DEATH 16 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MASSIVE CEREBRAL HEMORRHAGE		16 hours
	DUE TO (c) HYPERTENSIVE VASCULAR DISEASE		UNKNOWN
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FATTY LIVER - NEPHROSIS			

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-9**, 19**56**, to **2-12**, 19**56**, that I last saw the deceased alive on **2-12**, 19**56**, and that death occurred at **5:20 p.m.**, from the causes and on the date stated above. **2-12-56**

23a. SIGNATURE Del Laughlin, D.O.	(Degree or title)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 2-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-15-56	24c. NAME OF CEMETERY OR CREMATORY Providence Cem.	24d. LOCATION (City, town, or county) (State) Lewis Co. Mo.
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DATE REC'D BY LOCAL REG. 2-15-56	REGISTRAR'S SIGNATURE Wate Lambert	25. UNERAL DIRECTOR'S SIGNATURE Jones & Jones, Kirksville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

SEP 14 1956

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 *Robert B. Davis*

Licensed Embalmer No. *421*
P. O. Address *Spikerville,*

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.