

Dr. Lurmer
STANDARD CERTIFICATE OF DEATH

5781

State Etc No. 10

FILED FEB 28 1956

Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Iron</i>	
b. CITY OR TOWN <i>Steele</i>		c. CITY OR TOWN <i>Steele</i>	
c. LENGTH OF STAY (in this place) <i>37 yrs</i>		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		e. STREET ADDRESS (If rural, give location) <i>Route 3</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Kerna</i> b. (Middle) <i>James</i> c. (Last) <i>Walker</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2-18-56</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept 89</i>
9. AGE (In years last birthday) <i>67</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Work</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Dixton Co Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Elmo Walker</i>	13b. MOTHER'S MAIDEN NAME <i>Walker</i>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Fredonia Pugh Steele Rt 3</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>This old person died without medical aid no fault of any.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>without medical aid</i> DUE TO (c) <i>no fault of any.</i> 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) m.	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 _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>L. O. Lurmer M.D.</i>		23b. ADDRESS <i>Steele Mo</i>	23c. DATE SIGNED <i>2-15-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-20-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hemondale</i>	24d. LOCATION (City, town, or county) (State) <i>Hemondale Mo</i>
DATE REC'D BY LOCAL REG. <i>4-5-56</i>	REGISTRAR'S SIGNATURE <i>L. O. Lurmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harmon with Co Steele Mo.</i>	

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

2-55-56

FEB 27 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *435*

P. O. Address *Hayti, 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.