

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8274**  
Registrar's No. **230**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5136**

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ark.</b> b. COUNTY <b>unknown</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Harviel, Mo. Beaver Dam Twp.</b>		c. CITY OR TOWN <b>Dyess</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific RR Track</b>		e. STREET ADDRESS (If rural, give location) <b>Unknown</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Delbert</b> b. (Middle) <b>Ewing</b> c. (Last) <b>Walker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 19, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unknown</b>	8. DATE OF BIRTH <b>Unk - 1908</b>
9. AGE (In years last birthday) <b>47</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>D.C. Walker</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>Unknown</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Hwy. Patrol, Poplar Bluff, Mo.</b>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Traumatism by Train</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>fell from a moving freight train</b> DUE TO (c) _____ 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 <b>802X</b> <b>35</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rail Road Tracks</b>	21c. CITY, TOWN, OR TOWNSHIP <b>Beaver Dam Twp. Butler</b> (COUNTY) (STATE) <b>MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 19 - 1956 3:45 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell from a moving train</b>	
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 <b>3:45 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>grover W. Green</b>		23b. ADDRESS <b>Colonel Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>Mar. 30 - 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-31-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
DATE REC'D BY LOCAL REG. <b>3/30/56</b>	REGISTRAR'S SIGNATURE <b>BN trustee mu</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank-Cotrell</b> ADDRESS <b>Poplar Bluff, Mo.</b>	

RECEIVED  
APR 3. 1956

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 *Gover D. Greer* \_\_\_\_\_

Licensed Embalmer No. *296* \_\_\_\_\_

P. O. Address *Poplar* \_\_\_\_\_

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.