

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10195**BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5986** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Tavern		c. CITY OR TOWN Rural Tavern	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Alice c. (Last) Walker			4. DATE OF DEATH (Month) (Day) (Year) 3 14 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10/26/1875		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Days 4 18 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) O Iberia, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME John Russell		13b. MOTHER'S MAIDEN NAME Elizabeth Moss		14. NAME OF HUSBAND OR WIFE John Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mr. John Walker, Crocker, Missouri ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		DUE TO (b) Cardiac insufficiency		4 1/2 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Artificially		6 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				None	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 334x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) 2:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/11/56**, 1956, to **10/14/56**, 1956, that I last saw the deceased alive on **10/14/56**, 1956, and that death occurred at **10:50P** m., from the causes and on the date stated above.

23a. SIGNATURE E. M. Blitt (Degree or title) M.D.		23b. ADDRESS Crocker Mo.		23c. DATE SIGNED 3-16-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/1956		24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery	
24d. LOCATION (City, town, or county) (State) Marion County, Missouri					

DATE REC'D BY LOCAL REG. 3-16-56		REGISTRAR'S SIGNATURE Eula Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-16-56
For County Health Officer
File Number 3-31-56
Date Filed 3-31-56

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 *Maurice E. Schierbaum*

Licensed Embalmer No. 43

P. O. Address... Dixon, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.