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FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12015

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6110 Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: SCOTLAND
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): RURAL, VEST
c. LENGTH OF STAY (in this place): 60YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTLAND
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): VEST TOWNSHIP 0990

3. NAME OF DECEASED (Type or Print)
a. (First): MORRIS
b. (Middle): ASHLEY
c. (Last): WALKER

4. DATE OF DEATH (Month) (Day) (Year): MCH 30 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-5-1896
9. AGE (In years last birthday): 60
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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): SCOTLAND Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: C. BRICE WALKER
13b. MOTHER'S MAIDEN NAME: MARY E. MORRIS
14. NAME OF HUSBAND OR WIFE: ROXIBELLE WALKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 490-18-5037
17. INFORMANT'S SIGNATURE OR NAME: Helen Walker
ADDRESS: St Louis Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterioloscherosis — 7 years
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: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1950, *to* Mar. 30, 1956 *that I last saw the deceased alive on* 3-30-, 1956, *and that death occurred at* 5.30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Keethler D.O. (Degree or title)
23b. ADDRESS: Memphis, Mo.
23c. DATE SIGNED: 3-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-2-1956
24c. NAME OF CEMETERY OR CREMATORY: McADOW
24d. LOCATION (City, town, or county) (State): SCOTLAND Co. Mo.
DATE REC'D BY LOCAL REG.: 4/2/56
REGISTRAR'S SIGNATURE: Vera G. Purner
25. FUNERAL DIRECTOR'S SIGNATURE: R. V. Payne & Sons
ADDRESS: MEMPHIS Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 25

P. O. Address Memphis,

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