.S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1956

State File No. 22698

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4016 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio
c. LENGTH OF STAY (in this place): 42 yrs
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: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio
d. STREET ADDRESS (If rural, give location): 0030

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

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 21, 1878
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months: 8 | Days: 28 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retd farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Bloodstain, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S

13a. FATHER'S NAME: John Walker
13b. MOTHER'S MAIDEN NAME: Mary Brewer
14. NAME OF HUSBAND OR WIFE: Helen Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Forrest Mc Ginnis
ADDRESS: Tarkio, 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) Hemorrhage, esophageal varicosities — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of the liver
DUE TO (c) Arteriosclerotic cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5810
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* 8/7/53, 19__, *to* 6/19/56, 19__, *that I last saw the deceased alive on* 6/19/56, 19__, *and that death occurred at* 11:45am, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Wiedermeyer M.D.
23b. ADDRESS: Tarkio, Mo.
23c. DATE SIGNED: 6/20/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/21/56
24c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
24d. LOCATION (City, town, or county) (State): Tarkio, Mo.

DATE REC'D BY LOCAL REG.: July 11, 1956
REGISTRAR'S SIGNATURE: Marvin H. Schaaler
25. FUNERAL DIRECTOR'S SIGNATURE: Davis Funeral Home
ADDRESS: Tarkio, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

443

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 .....
Student Embalmer

Signed Frost C. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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 this body is not embalmed, fact should be so stated above.