

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23194

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 2016 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	c. LENGTH OF STAY (In this place) <u>14 days</u>	c. CITY OR TOWN <u>Ashland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charles E. Still Osteopathic Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Ashland R.F.D.#1</u>

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Dora</u>	b. (Middle) <u>Bell</u>	c. (Last) <u>Walker</u>	(Month) <u>August</u>	(Day) <u>3</u>	(Year) <u>1956</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 24, 1909</u>	9. AGE (In years last birthday) <u>46<sup>2</sup></u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Angel</u>	13b. MOTHER'S MAIDEN NAME <u>Birdie Strauck</u>	14. NAME OF HUSBAND OR WIFE <u>Ira G. Walker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ira G. Walker, Ashland, Missouri</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma</u> DUE TO (c) <u>Uterine Carcinoma</u>		
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 <u>174X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7/19, 1950, to 8/3, 1956, that I last saw the deceased alive on 8/2/56, 1956, and that death occurred at 9:45A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. Jeffords</u> (Degree or title) _____	23b. ADDRESS <u>Ashland Mo. 63536</u>	23c. DATE SIGNED <u>8/3/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harlsburg RFD Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4 Aug 1956</u>	REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Burnett</u>	ADDRESS <u>Ashland, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1959

AUG 30 1958

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 *Wm B. Burnett* .....

Licensed Embalmer No. *356* .....

P. O. Address *Ashland* .....

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.