

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31357

State File No.

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Mc Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) --a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Southwest City</u>	c. LENGTH OF STAY (in this place) <u>77 years</u>	c. CITY OR TOWN <u>Southwest City</u>	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 <u>None -</u>		e. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>-</u> c. (Last) <u>Walker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-56</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-15-1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Southwest City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James D. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Walker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dave Womack</u>	ADDRESS <u>Southwest City, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u>		
	DUE TO (c) <u>Carcinoma of Colon</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 1-23, 1950, to 9-17, 1956, that I last saw the deceased alive on 9-17, 1956, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. E. Womack</u> (Degree or title)	23b. ADDRESS <u>Southwest City Mo.</u>	23c. DATE SIGNED <u>9-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-21-56</u>	REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. M. Humphrey</u>	ADDRESS <u>Noel, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *B. M. Humphrey Jr.*

Licensed Embalmer No. 470

P. O. Address *Noel M.*

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.