No. 300
10.48

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1774

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5614 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 5 Mi. S. E. Novelty
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Knox
c. CITY OR TOWN 5 M. S. E. Novelty
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 0520

3. NAME OF DECEASED (Type or Print) a. (First) LETHA b. (Middle) ESTELLE c. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year) Feb 3, 1957

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Mar 1, 1884
9. AGE (In years last birthday) 72 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) homekeeper
10b. KIND OF BUSINESS OR INDUSTRY Homekeeper
11. BIRTHPLACE (City and State or Foreign Country) Knox County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marion M. Padgett
13b. MOTHER'S MAIDEN NAME Phoebe Jane McCall
14. NAME OF HUSBAND OR WIFE Willard A. 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. Juanita Allen, ADDRESS Novelty, 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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH Jan 26 1957 to Feb 3 1957

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
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 26, 1957, *to* Feb 3, 1957, *that I last saw the deceased alive on* Feb 3, 1957, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. O. Holmes DO
23b. ADDRESS Novelty Mo
23c. DATE SIGNED 2-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5 February '57
24c. NAME OF CEMETERY OR CREMATORY Mt. Salem Cemetery
24d. LOCATION (City, town, or county) (State) Knox County, Mo

DATE REC'D BY LOCAL REG. Feb. 9. 57
REGISTRAR'S SIGNATURE Nellie S. Hunolt
25. FUNERAL DIRECTOR'S SIGNATURE A. G. Rimer ADDRESS Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 14 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 297

P. O. Address Edina

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