No. 300
10.48

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

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3615

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Helena
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE missouri
b. COUNTY Andrew
c. CITY OR TOWN Helena. 0020 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R. F. D. Helena

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph
b. (Middle) Renick.
c. (Last) WalKup

4. DATE OF DEATH (Month) (Day) (Year) 2-20-1957

5. SEX male
6. COLOR OR RACE white 0
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH 10-11-1863
9. AGE (In years last birthday) 93 — IF UNDER 1 YEAR: Months 4, Days 9 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Atchison Co mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry WalKup
13b. MOTHER'S MAIDEN NAME Mary Brooks
14. NAME OF HUSBAND OR WIFE
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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Dunkle Helena 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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — 5 years
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4210
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* 2-15- *, 19* 57 *, to* 2-20- *, 19* 57 *, that I last saw the deceased alive on* 2-15- *, 19* 57 *, and that death occurred at* 1:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Stephen R. Kelley (Degree or title) D.O.
23b. ADDRESS Savannah, Missouri
23c. DATE SIGNED 2-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-22-1957
24c. NAME OF CEMETERY OR CREMATORY Farafax
24d. LOCATION (City, town, or county) (State) Farafax mo

DATE REC'D BY LOCAL REG. 2-28-57
REGISTRAR'S SIGNATURE Lillian Banks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home Savannah mo

(Licensed Embalmer's Statement on Reverse Side)

2-0

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 E. C. Breit

Licensed Embalmer No. 2654

P. O. Address Savannah

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.