U.S. No. 300
Rev. 10-48

FILED APR 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14297

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 96

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

4

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
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): Swetman Nursing Home 118 S. 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 118 S Fourth St 0883 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Andrew
c. (Last): Walker

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 57

5. SEX 0 male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 widowed
8. DATE OF BIRTH 2/15/1863
9. AGE (In years last birthday) 94 — 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): R R shop worker
10b. KIND OF BUSINESS OR INDUSTRY: railroading
11. BIRTHPLACE (City and State or Foreign Country): Hampton, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Joseph Gilmer Walker
13b. MOTHER'S MAIDEN NAME: Bessie Cowden
14. NAME OF HUSBAND/OR WIFE: Gracie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: William R. Walker
ADDRESS: 6428 S West Ave St. Louis, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Unknown
DUE TO (c) Senility — unknown

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 4200
20. AUTOPSY? 2 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* 4-17, 1957, *to* 4-19, 1957, *that I last saw the deceased alive on* 4-18, 1957, *and that death occurred at* 9:02 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Benj. S. Jolly DO 2
23b. ADDRESS: 203½ N. Clark Moberly Mo
23c. DATE SIGNED: 4-20-57

24a. BURIAL/CREMATION REMOVAL (Specify): burial
24b. DATE: 4/21/57
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly MO

DATE REC'D BY LOCAL REG.: 4-21-57
REGISTRAR'S SIGNATURE: Leah W. Lowe
25. FUNERAL DIRECTOR'S SIGNATURE: Fred A. Thompson
Mzdison, Mo

269-0

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1957

JUN 14 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mrs Fred A Vermfo

Licensed Embalmer No. 328

P. O. Address Madison

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