

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 0 7 8 9 6
 State File No.

FILED JUN 7 1957

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3041

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Macon		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 712 Vine St.				e. STREET ADDRESS (If rural, give location) 712 Vine St.				
3. NAME OF DECEASED (Type or Print) a. (First) Ruben b. (Middle) Leonard c. (Last) Walker			4. DATE OF DEATH Apr. 29, 1957					
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 15, 1883		
9. AGE (In years last birthday) 73		10. MONTHS 7		11. DAYS 14		12. IF UNDER 1 YEAR Hours 1 Min. 14		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Male nurse			10b. KIND OF BUSINESS OR INDUSTRY nurseing		11. BIRTHPLACE (City and State or Foreign Country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Allen Walker			13b. MOTHER'S MAIDEN NAME Charlote Jackson			14. NAME OF HUSBAND OR WIFE Anna Walters Walker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-18-5539		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Walker, Macon, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left lobar pneumonia					INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x					20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Sept 1949 , to April 29, 1957 , that I last saw the deceased alive on 28 April, 1957 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Donald E. Eggleston MD				23b. ADDRESS Macon, Missouri		23c. DATE SIGNED May 57		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 1, 1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Salem Cemetery		24d. LOCATION (City, town, or county) (State) Macon County, Missouri		
DATE RECD BY LOCAL REG. 5/5/57		REGISTRAR'S SIGNATURE Ruth Mcneely		25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Bran		ADDRESS Macon, Mo.		

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

185-1

County File No. 00112
Date Filed 6.6.57

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 *R. Lester Bram*

Licensed Embalmer No. 447

P. O. Address *Mason, Pa.*

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.