

Health, Welfare, Public Service

XC-
RN 15663
FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

401
STATE FILE NUMBER
3007 Registrar's No. 130

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Coldwater
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) Gen. Del.

3. NAME OF DECEASED (Type or print) First William Middle Arles Last Walker			4. DATE OF DEATH Month Jan Day 4 Year 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/20/88	9. AGE (In years) 69	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Huntsville, Ky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Walker	13b. MOTHER'S MAIDEN NAME Belle Jenkins	14. NAME OF HUSBAND OR WIFE None
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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) yes WWI	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT VA Hospital Records Address Poplar Bluff, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatitis, acute		INTERVAL BETWEEN ONSET AND DEATH 8-10 days
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 580X / Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from Dec. 31, 1957 to Jan 4, 1958 Death occurred at 9:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. LESTER HARVELL, M.D., Pathologist	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 1-6-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-7-58	23c. NAME OF CEMETERY OR CREMATORY BARRETT	23d. LOCATION (City, town, or county) (State) COLDWATER Mo.
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24. FUNERAL DIRECTOR Dish Funeral Home Address Greenville, Mo	25. DATE REC'D. BY LOCAL REG. 1/18/58	26. REGISTRAR'S SIGNATURE R. A. Kuster
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JAN 20 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 me Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Mervin E. Bowles

Licensed Embalmer No. 4426

P.O. Address Green Mountain,

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.