

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1100

State File No.

Filed FEB 11 1958

BIRTH NO. REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, with RURAL and five OR TOWN <u>Armstrong</u>)	c. LENGTH OF STAY (If this place) <u>Life</u>	c. CITY OR TOWN <u>Armstrong</u>	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		e. STREET ADDRESS (If rural, give location) <u>0400</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Walkup</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 14, 1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <u>Farming Own Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Armstrong Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>John J. Walkup</u>	13b. MOTHER'S MAIDEN NAME <u>Isabel Ann Hardy</u>	14. NAME OF HUSBAND OF DECEASED <u>Thelma (Phelps) Walkup</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>500-28-0483</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wallace Walker</u> ADDRESS <u>Glasgow Mo.</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery sclerosis</u>		
	DUE TO (c) 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	20. AUTOPSY? <u>2</u> 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) <u>4201</u>
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 Jan 10, 1958, to Jan 10, 1958, that I last saw the deceased alive on Jan 10, 1958, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James D. Owen</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Louis, Mo.</u>	23c. DATE SIGNED <u>1-20-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Jan. 12, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Chapel</u>
24d. LOCATION (City, town, or county) (State) <u>Armstrong Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Jan. 20, 1958</u>	REGISTRAR'S SIGNATURE <u>Walker Audaley</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Audaley</u> ADDRESS <u>Fremont Glasgow Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 1958

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 *E. J. Freeman*

Licensed Embalmer No. 397

P. O. Address Glasgow

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.