Health, Welfare Public Service

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FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1663
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) FREEMAN — Length of stay in Hospital 6 YR

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 301 PEARL — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPH Middle Last WALKER
4. DATE OF DEATH Month JAN Day 7 Year 1958
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH JULY 24, 1874
9. AGE (In years last birthday) 83 — 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) LAUNDRY MANAGER
10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY
11. BIRTHPLACE (City and state or country) ATHENS, TENN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOSEPH H. WALKER
13b. MOTHER'S MAIDEN NAME SUSAN M. GIBSON
14. NAME OF HUSBAND OR WIFE ALMA (DECEASED)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dod WALKER Address PineVille, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Occulatory Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pneumonia, Lobar, Right
DUE TO (c) 490X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Empyema, encapsulated right -
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 8:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Eckelberry (Degree or title) D
22b. ADDRESS 805 Financial Reserve Bldg Joplin, Mo.
22c. DATE SIGNED 1-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN 9, 1958
23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM
23d. LOCATION (City, town, or county) (State) WEBB CITY MO
24. FUNERAL DIRECTOR HURLBUT GLOVER ADDRESS
25. DATE RECD. BY LOCAL REG. Jan. 14. 1958
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

County File Number 58-1-63

Date Filed JAN 20 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 Dale Glen

Licensed Embalmer No. 459

P. O. Address Joplin

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.