

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2122

State File No. _____

FILED JAN 22 1958

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|---|--|---|--|--|--|--------------------------|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>037</u> | | PRIMARY REG. DIST. NO. <u>K353</u> | | Registrar's No. <u>1</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u> c. LENGTH OF STAY (in this place) <u>30 Yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon, Missouri</u> d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>May</u> c. (Last) <u>Walker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-1958</u> | | 5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u> | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | | 8. DATE OF BIRTH <u>June 1st, 1891</u> | | 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bernie, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>John Hayes</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Parthenia Blades</u> | | 14. NAME OF HUSBAND OR WIFE <u>T.A. Walker (Deceased)</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jack Campbell, Gideon, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>no record insufficient</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. 1 yr.</u> |
| 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 <u>12-1-1956</u> , to <u>1-8-1958</u> , that I last saw the deceased alive on <u>1-6-1958</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. H. Hapkins</u> (Degree or title) _____ | | | 23b. ADDRESS <u>Gideon, Mo.</u> | | 23c. DATE SIGNED <u>1-11-58</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-11-58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Walden, Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Gideon, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-11-58</u> | | REGISTRAR'S SIGNATURE <u>Mrs. F. Hapkins</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom Bradshaw Gideon, Mo.</u> | | | |

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

DATE RECEIVED JAN 14 1958
NEW MADRID CO. HEALTH CENTER
P. J. L.

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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509- Ark.

P. O. Address Fayette, Arkansas

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 this body is not embalmed, fact should be so stated above.