Health, Welfare Public Service

300
1-57

FILED MAR 12 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006160
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 4243 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NECK CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BOXHOLDER-Home — Length of stay in 1b: 10 YEARS

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

3. NAME OF DECEASED (Type or print): First: ORVA Middle: F. Last: WALKER

4. DATE OF DEATH: Month: MARCH Day: 5 Year: 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: OCTOBER 17, 1876

9. AGE (In years last birthday): 81 — 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): RETIRED MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: FOUNDRY

11. BIRTHPLACE (City and state or country): IOWA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SIDNEY V. WALKER

13b. MOTHER'S MAIDEN NAME: IDA COLE

14. NAME OF HUSBAND OR WIFE: NELLIE WALKER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 264-20-8878

17. INFORMANT Address: MRS NELLIE WALKER, NECK CITY, MISSOURI

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis — yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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

21. I attended the deceased from 1-10-58, to 3-5-58 and last saw ~~her~~ him alive on 3-5-58
Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Allen R. May

22b. ADDRESS: Alba - Mo

22c. DATE SIGNED: 3-7-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MARCH 8, 1958

23c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL

23d. LOCATION (City, town, or county) (State): JOPLIN MISSOURI

24. FUNERAL DIRECTOR ADDRESS: HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO.

25. DATE RECD. BY LOCAL REG.: 3-8-58

26. REGISTRAR'S SIGNATURE: Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

74
6

County Health Office
County File Number 58-3-227
Date Filed MAR 10 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 Richard Troy Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City

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.