

FILED MAR 26 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010578

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Lawrence Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richland, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State San Hosp.		Length of stay in lb 18 days	d. STREET ADDRESS (If outside, give location) None.
3. NAME OF DECEASED (Type or print) First George Middle Marion Last Walker.		4. DATE OF DEATH Month March Day 19, Year 1958	
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19/1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic.		10b. KIND OF BUSINESS OR INDUSTRY Retired.	9. AGE (In years last birthday) 69
11. BIRTHPLACE (City and state or country) North Salem, Indiana.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Oliver Walker.		13b. MOTHER'S MAIDEN NAME Lydia Conover.	14. NAME OF HUSBAND OR WIFE Zona 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. 306-16-2836	17. INFORMANT Address Zona Walker. Richland, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic spread from bronchogenic carcinoma removed 3 months ago, with cerebral metastasis			INTERVAL BETWEEN ONSET AND DEATH abt. 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1621
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? 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.) /	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-18-58 to 3-19-58 and last saw him alive on 3-19-58 Death occurred at 12:20 12:05 A on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. A. Drasher M.D.		22b. ADDRESS Mt. Vernon, Missouri	22c. DATE SIGNED 3-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/19/58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) North Salem, Indiana.
24. FUNERAL DIRECTOR (Name and address) Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE

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

MAR 27 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 *Clarence Morse*

Licensed Embalmer No. *4896*

P. O. Address *W. Raymond*

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.