

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022684
STATE FILE NUMBER

95377-52
FILED JUN 18 1958 Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 16

Health,
Welfare
Public
Service

300
156
5710

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Lewis Twsp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lewis Twsp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION Lilbourn N. Project		d. STREET ADDRESS (If outside, give location) Lilbourn N. Project Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Michele Rae Walker		4. DATE OF DEATH May 24 1958	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25 1957
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		9b. AGE (In years last birthday) 5 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	
11. BIRTHPLACE (City and state or country) Lilbourn, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Excell Walker		14. MOTHER'S MAIDEN NAME Essie Lee Gary	
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. None	
17. INFORMANT Excell Walker Jr. Lilbourn, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro Enteritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Error in feeding DUE TO (c) 5710			INTERVAL BETWEEN ONSET AND DEATH 2 wks
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 type="checkbox"/> NO <input checked="" 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 3:20 Month, Day, Year May 24 1958 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 May 24 '58 to May 24 '58 and last saw her him alive on May 24 '58 Death occurred at 3:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Jones M.D. (Degree or title)		22b. ADDRESS Lilbourn, Mo	
22c. DATE SIGNED May 25 '58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-25-1958	23c. NAME OF CEMETERY OR CREMATORY Simmons Burial Park	23d. LOCATION (City, town, or county) (State) Catron, Mo.
24. FUNERAL DIRECTOR Friends ADDRESS		25. DATE RECD. BY LOCAL REG. 6-5-58	
		26. REGISTRAR'S SIGNATURE H. L. Ronder Deputy	

DATE RECEIVED JUN 11 1958
NEW MADRID CO. HEALTH CENTER



E. S.

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 *Homer L. Ponder*

not embalmed

Licensed Embalmer No. 336
P. O. Address Silbo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.