

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028956  
STATE FILE NUMBER

S. 300  
v. 1-57

FILED AUG 25 1958

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fayette</b> 0451
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>200 W. Walnut</b>		Length of stay in lb <b>12 years</b>	d. STREET ADDRESS (If outside, give location) <b>200 W. Walnut</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Catherine Finn Walker</b>			4. DATE OF DEATH Month Day Year <b>Aug. 5, 1958</b>
5. SEX <b>Female</b> 1	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 3, 1875</b>
9. AGE (In years last birthday) <b>83</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Sherman, Texas 1</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Dr. Thomas F. Finn</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Dockins</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Lee Walker</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. John W. Eaton, Fayette, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cardiac decompensation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>hypertensive cardiovascular disease</b> DUE TO (c) <b>443X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>clear, undetermined etiology</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b> <b>2 mo +</b>
20a. ACCIDENT SUICIDE HOMICIDE <b>natural</b> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>May, 1958</b> to <b>Aug 5, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>about Aug 1, 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mr. J. Shaw, Jr. M.D.</b>		22b. ADDRESS <b>Lee Hospital, Fayette, Mo</b>	22c. DATE SIGNED <b>8-7-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug. 7, 58</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Saint Jo, Texas</b>
24. FUNERAL DIRECTOR ADDRESS <b>Markland - Hall New Franklin, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-7-58</b>	26. REGISTRAR'S SIGNATURE <b>Mary L. Shell</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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AUG 25 1958

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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 *Tom D Markland* .....

Licensed Embalmer No. *4592* .....

P. O. Address *New Franklin* .....

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.