

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031608
State File No.

FILED OCT 14 1958

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 310

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| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Scotland | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kirkville | c. LENGTH OF STAY (in this place) 4 days | c. CITY OR TOWN Corin | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hosp. | | e. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-----------------------------|--------------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Jessie | b. (Middle) Beatrice | c. (Last) Walker | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1958 |
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| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 12, 1899 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Parkwood, Iowa | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Charles Gardner | 13b. MOTHER'S MAIDEN NAME Emma Hintz | 14. NAME OF HUSBAND OR WIFE Earnest Walker |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME Earnest Walker | ADDRESS Corin, Mo. |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Some August. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition and Debilitation | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma L. Breast | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia | | INTERVAL BETWEEN ONSET AND DEATH 10-11 years | |

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| 19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 170X |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **8-2-58** 19___, to **9-2-58** 19___, that I last saw the deceased alive on **9-17**, 19**58**, and that death occurred at **2:43** AM., from the causes and on the date stated above.

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| 23a. SIGNATURE Edna H. ... | (Degree or title) Do. 2 | 23b. ADDRESS Bertsville, Mo | 23c. DATE SIGNED 10-3-58 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept 4, 1958 | 24c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery | 24d. LOCATION (City, town, or county) (State) Memphis, Missouri |
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| DATE REC'D BY LOCAL REG. 10-6-58 | REGISTRAR'S SIGNATURE Doris W. Bell | 25. FUNERAL DIRECTOR'S SIGNATURE Hubert ... | ADDRESS Memphis |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Fred Lutz

Licensed Embalmer No..... 42

P. O. Address..... *M. Lutz*

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.