

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033401

STATE FILE NUMBER

FILED SEP 20 1958

Registration District No. 178

Primary Registration District No. 5662

Registrar's No. 58

S. 300  
r. 1-57

1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LA BELLE TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN LA BELLE TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. West Lewistown		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1 mi. W. Lewistown		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMET Middle PEARL Last WALKER			4. DATE OF DEATH Month SEPT. Day 11, Year 1958		
5. SEX MALE <input checked="" type="checkbox"/>	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 11/24/1875	9. AGE (In years last birthday) 82 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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) WILLIAMSTOWN, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES WALKER		13b. MOTHER'S MAIDEN NAME ELIZABETH MUSSETTER		14. NAME OF HUSBAND OR WIFE MYRTLE WALKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO XXXXXXXXXXXXXXX		16. SOCIAL SECURITY NO. 498-40-1566	17. INFORMANT Address MYRTLE WALKER Lewistown, 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) Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Causing Complete heart block DUE TO (c) 4201					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her/him alive on _____ 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) Dr. C. E. Todd, D.O. 2			22b. ADDRESS Williamstown Mo		22c. DATE SIGNED 9/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9/14/58	23c. NAME OF CEMETERY OR CREMATORY DEER RIDGE		23d. LOCATION (City, town, or county) DEER RIDGE, MISSOURI	
24. FUNERAL DIRECTOR Charles L. Arnold Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 9-23-'58	26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E. L.		

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.

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 *Charles L. Arnold* .....

Licensed Embalmer No. .... 4667 .....  
P. O. Address ... LEWISTOWN, MO. ....

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.