

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039394

STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 99 Primary Registration District No. 4169 Registrar's No. 75

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Dekalb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dekalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osborn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Osborn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osborn Mo.		Length of stay in 1b 7 Yr.	d. STREET ADDRESS Osborn Mo.
3. NAME OF DECEASED (Type or print) First Middle Last Amos Walker			4. DATE OF DEATH Month Day Year Nov. 14 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-8 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	10. CITIZEN OF WHAT COUNTRY? U.S.A.
11a. FATHER'S NAME Thomas Walker		11b. MOTHER'S MAIDEN NAME No Record	11. BIRTHPLACE (City and state or country) Chillicothe Mo.
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) No		12b. SOCIAL SECURITY NO. None	12. NAME OF HUSBAND OR WIFE Emily Walker
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis			2 mo
DUE TO (c) Generalized Arterio sclerosis			10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hypertrophy and uremia.			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 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 9-17-58 to 11-14-58 and last saw him alive on 11-14-58 Death occurred at 2 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) 2		22b. ADDRESS Cameron Mo	22c. DATE SIGNED 11-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 15 58	23c. NAME OF CEMETERY OR CREMATORY Osborn Mo.	23d. LOCATION (City, town, or county) (State) Osborn Mo.
24. FUNERAL DIRECTOR Poland Funeral Home ADDRESS Cameron Mo		25. DATE RECD. BY LOCAL REG. 11-18-58	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

no symptoms will be listed.

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 Robert F. Poland

Licensed Embalmer No. 4777
P. O. Address Camden

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.