

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000065

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. \_\_\_\_\_ Registrar's No. 1

300  
-57

1. PLACE OF DEATH  
a. COUNTY Atchison  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \*\*\* Length of stay in lb 3 yrs  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Atchison)  
c. CITY OR TOWN Tarkio 0030 Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
JAMES U WALKUP  
4. DATE OF DEATH Month Day Year  
January 5, 1959  
5. SEX male 6. COLOR OR RACE white 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH Dec 18, 1880 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 0 Days 17 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd. decorator  
10b. KIND OF BUSINESS OR INDUSTRY painting-paper  
11. BIRTHPLACE (City and state or country) Atchison Co. Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Thomas Walkup 13b. MOTHER'S MAIDEN NAME Josephine Johnson 14. NAME OF HUSBAND OR WIFE Lenna Walkup

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 Address Mrs. J.U. Walkup Tarkio, 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) Hypostatic Pneumonia  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer Prostate  
DUE TO (c) 177X  
INTERVAL BETWEEN ONSET AND DEATH 27 hours  
2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis & Arteriosclerotic Heart Disease  
19. WAS AUTOPSY PERFORMED? YES  NO  2

20a. ACCIDENT  SUICIDE  HOMICIDE   
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  NOT WHILE AT WORK   
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 June 1958 to Jan 5, 1959 and last saw <sup>him</sup> alive on Jan. 5, 1959  
Death occurred at 11:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward A. Bone M.D. 22b. ADDRESS Tarkio, Mo. 22c. DATE SIGNED 1/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1/8/59 23c. NAME OF CEMETERY OR CREMATORY Home Cemetery 23d. LOCATION (City, town, or county) (State) Tarkio, Mo.

24. FUNERAL DIRECTOR ADDRESS Davis Funeral Home Tarkio, Mo. 25. DATE RECD. BY LOCAL REG. Jan 16, 1959 26. REGISTRAR'S SIGNATURE Harvin H. Schuler

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Frost A. Browning* .....

Licensed Embalmer No. 3338 .....

P. O. Address Tarkio, 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.