

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**59-003601**  
State File No. **2 857**  
Registrar's No. **2 857**

**FILED FEB 10 1959**

REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 12, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 2129</b>	
c. LENGTH OF STAY (in place) <b>1-24-59</b>		d. STREET ADDRESS (If rural, give location) <b>5351 Delmar Boulevard</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Home of Missouri</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Jane</b> b. (Middle) <b>Mitchell</b> c. (Last) <b>Walker</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1 24 59</b>		
<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 18, 1862</b>		<b>9. AGE</b> (In years last birthday) <b>97</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Cyrene, Missouri</b>	
<b>13a. FATHER'S NAME</b> <b>:/ e L. E. Mitchell</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucy J. White</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Masonic Home of Mo. - 5351 Delmar Blvd.</b> <i>Robert L. Mc (Mally) Alt. Secy.</i>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 Mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Generalized Arteriosclerosis</b>		<b>Unknown</b>	
		<b>DUE TO (c) 4221</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from 9-8-52, 19__, to 1-24-59, 19__, that I last saw the deceased alive on 1-23-59, 19__, and that death occurred at 11:45a m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>Harold E. Walters M.D.</b> (Degree or title)			<b>23b. ADDRESS</b> <b>3720 Washington St. Louis Mo.</b>		<b>23c. DATE SIGNED</b> <b>1-24-59</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>REMOVAL</b>		<b>24b. DATE</b> <b>1-24-1959</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Elsberry City</b>	
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Elsberry 9170.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Miller, Elsberry, Mo.</b>			

<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 26 59</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Miller, Elsberry, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS  
SEP 2  
1960

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 .....  
Student Embalmer

Signed.....

*Clarence M. Billo*

Licensed Embalmer No. ....

*4375*

P. O. Address.....

*St. Louis, 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 this body is not embalmed, fact should be so stated above.