

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009181
STATE FILE NUMBER

MAR 23 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 67

300
-57

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton Gen. Hosp.	Length of stay in 1b 12 Da.	d. STREET ADDRESS (If outside, give location) 804 So. 2nd. St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Calvin Middle Pearl Last Walker			4. DATE OF DEATH Month March Day 17 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 16, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 5 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Henry Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Calvin E. Walker		13b. MOTHER'S MAIDEN NAME Emily Jane Walker Moore		14. NAME OF HUSBAND OR WIFE Single	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 489-24-717	17. INFORMANT 804 So. 2nd. St. Mrs. C. L. Jenkins, Clinton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 48 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Radiac Decomposition			8 months
	DUE TO (c) Rheumatic Heart Disease - Mitral Stenosis			4 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> (c)	

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 WORK <input type="checkbox"/> 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 Clinton, Mo	COUNTY STATE
21. I attended the deceased from 10-3-59 to 3-17-59 and last saw him alive on 3-17-59 Death occurred at at 5:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE W. W. Bradshaw, M.D.	(Degree or title)	22b. ADDRESS Clinton, Mo	22c. DATE SIGNED 3-19-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Johnstown Cemetery	23d. LOCATION (City, town, or county) (State) Montrose, Mo. Rural
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24. FUNERAL DIRECTOR'S ADDRESS H. S. Vansant, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. 3-19-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 28 1955

DEC 22 1954

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 *A. J. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, M*

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.