

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021911
STATE FILE NUMBER

FILED JUL 14 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 332

300
-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		Length of stay in lb 15 years	d. STREET ADDRESS (If outside, give location) 719 West 7th
3. NAME OF DECEASED (Type or print) First Middle Last Alberta E. Walker			4. DATE OF DEATH Month Day Year July 3, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 12, 1871
9. AGE (In years from birthday) 87		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Allegheny, Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME A. E. McClure	
13b. MOTHER'S MAIDEN NAME Mary Isett		14. NAME OF HUSBAND OR WIFE Rodney Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No (unknown) (If yes, give war or dates of service)) No		16. SOCIAL SECURITY NO.	17. INFORMANT Audrey Nell Walker Address Joplin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Terminal Uremia</u> DUE TO (b) <u>Nephrosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4/6 X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ?
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 WORK <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 <u>6-29-58</u> to <u>7-3-59</u> and last saw ^{her} _{him} <u>live on 7-3-59</u> Death occurred at <u>11:18 A.</u> m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <u>S. B. Schaeber MD</u> (Degree or title)		22b. ADDRESS <u>Joplin Mo</u>	22c. DATE SIGNED <u>7-6-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery	23d. LOCATION (City, town, or county) (State) Saginaw, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 7-10-1959
26. REGISTRAR'S SIGNATURE <u>Dooce Merriam</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert C. Roller*

Licensed Embalmer No. *5062*

P. O. Address *Joplin, 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.