

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030068

STATE FILE NUMBER

FILED VS AUG 20 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 98

DED

1. PLACE OF DEATH a. COUNTY Pulaski.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern Township		Length of stay in 1b 1 hr.		c. CITY OR TOWN Crocker, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (4) Miles N. West. of Crocker, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Rt. #		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Raymond. Middle Floyd Last Walker.				4. DATE OF DEATH Month Aug. Day 7, Year 1959					
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/10/1915.	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Marys County, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Preston. B. Walker.			13b. MOTHER'S MAIDEN NAME Mary Ellen Krone.			14. NAME OF HUSBAND OR WIFE Evelyn. Walker.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. World War II			16. SOCIAL SECURITY NO. Unknown.		17. INFORMANT Mrs. Evelyn Walker Crocker, Mo Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Injuries							INTERVAL BETWEEN ONSET AND DEATH Instant		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car Accident						
20c. TIME OF INJURY Hour 6:00 a.m. _____ p.m. _____		Month, Day, Year 8-7-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 Mi. N.W. Crocker		20f. CITY, TOWN, OR LOCATION Crocker	
				COUNTY Pulaski		STATE Mo.			
21. I attended the deceased <input checked="" type="checkbox"/> on July 7, 1959 , to _____ and last saw her/him alive on _____ Death occurred at 6:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title) County Coroner.				22b. ADDRESS Richland, Missouri.			22c. DATE SIGNED 8/7/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/9/59	23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery.			23d. LOCATION (City, town, or county) (State) Dixon, Missouri Rural			
24. FUNERAL HOME ADDRESS Hedges Funeral Home Crocker, Mo.				25. DATE RECD. BY LOCAL REG. 8-15-59		26. REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 20 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by 8/7/1959 Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred A. Dill

Licensed Embalmer No. 234

P. O. Address Alexia

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.