

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031849

FILED VS. OCT. 6 1959 82

Registration District No. \_\_\_\_\_ Primary Registration District No. 4144 Registrar's No. 143

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN <u>Pilot Grove</u>		c. CITY OR TOWN <u>Pilot Grove</u>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>HENRY</u> Last <u>WALKER</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>59</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 15, 72</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Boonville, Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>

13a. FATHER'S NAME <u>William Henry Walker</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hilly Walker</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Hilly Walker, Pilot Grove, Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Infarct ion</u>		<u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Art erio scler ot ic Heart Disease</u>	<u>30 gr.</u>
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 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 <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	Month, Day, Year		
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 12.1.59 to death and last saw her/him alive on 30 Sept. 59  
Death occurred at 0730 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Jemand Lio Linc MD</u>	(Degree or title)	22b. ADDRESS <u>Pilot Grove, Mo</u>	22c. DATE SIGNED <u>12.2.59</u>
23a. BURIAL CREMATION, OR DISPOSAL (Specify)	23b. DATE <u>Jan 4, 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>	23d. LOCATION (City, town or county) (State) <u>Pilot Grove, MO</u>
24. FUNERAL DIRECTOR <u>Hays-Painter, Pilot Grove, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10/3/59</u>	26. REGISTRAR'S SIGNATURE <u>D. Hooper</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert L. Gamm

Licensed Embalmer No. 406

P. O. Address Pilot Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.