

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033284

STATE FILE NUMBER

FILED VS. SEP 21 1959 74

Registration District No. 3052 Registrar's No. 300

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia	Length of stay in 1b 80 years	c. CITY OR TOWN Sedalia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 406 N. Stewart

3. NAME OF DECEASED (Type or print) First WILLIAM Middle CHRISTOPHER Last WALK			4. DATE OF DEATH Month September Day 14 Year 1959		
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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 Feb. 28, 1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months -- Days -- Hours -- Min. --
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Holden, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Michael Walk	13b. MOTHER'S MAIDEN NAME Evelyn Tickameyer	14. NAME OF HUSBAND OR WIFE Hortence P. Raines
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Hortence Walk - 406 N. Stewart, Sed.
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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) Cochylin myxosarcoma - left arm		INTERVAL BETWEEN ONSET AND DEATH 3 months 5 years
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
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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.)
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20c. TIME OF INJURY Hour 2:30 P.M. Month, Day, Year August 1952	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 Sedalia, Mo.	COUNTY Pettis	STATE Missouri
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21. I attended the deceased from August 1952 to Sept. 14, 1959 and last saw him alive on Sept 14, 1959 Death occurred at 2:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Thomas J. Hoptons, M.D.	22b. ADDRESS Sedalia, Mo	22c. DATE SIGNED 9/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. D.F.E. Sept. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Longwood Cemetery	23d. LOCATION (City, town, or county) Longwood, Mo.
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24. FUNERAL DIRECTOR ADDRESS D.W. Heckart, Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 9-16-1959	26. REGISTRAR'S SIGNATURE Frances Shelby
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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 Richard D. Conn

Licensed Embalmer No. 4703
P. O. Address Sedalia, 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.