

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039138

FILED VS DEC 15 1959

STATE FILE NUMBER

Registration District No. 44 Primary Registration District No. 5145 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Breckenridge Twp.</u>	Length of stay in lb <u>30 yrs.</u>	c. CITY OR TOWN <u>Breckenridge Twp.</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If outside, give location) <u>3 mi. NW Breckenridge</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>LEE</u> Last <u>WALKER</u>	4. DATE OF DEATH Month <u>Nov.</u> Day <u>24</u> Year <u>1959</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>10/8/1895</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and state or country) <u>Wheeling, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>
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13a. FATHER'S NAME <u>George Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Josie (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Walker</u>
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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) <u>yes W. W. I</u>	16. SOCIAL SECURITY NO. <u>W. W. I</u>	17. INFORMANT <u>Mrs. Ruth Walker, Breckenridge, Mo.</u>	Address
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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) <u>Medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u> <u>hours</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial infarction</u>	
	DUE TO (c) <u>atherosclerotic heart Disease</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of the Colon</u>		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 checked="" 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 <u>10:35</u> p.m. Month, Day, Year <u>11/24/59</u>	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 <u>Breckenridge</u>	COUNTY <u>Mo</u>	STATE
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21. I attended the deceased from <u>11/21/59</u> to <u>11/24/59</u> and last saw <u>him</u> alive on <u>11/24/59</u> Death occurred at <u>10:35 p.m.</u> 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) <u>Shoolbight</u>	22b. ADDRESS <u>Breckenridge Mo</u>	22c. DATE SIGNED <u>11/27/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11/27/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Breckenridge Mo.</u>
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24. FUNERAL DIRECTOR <u>Michael Funeral Home, Braymer, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Walker</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS DEC 17 1950

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 Geneb. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.