

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040633

FILED VS DEC 15 1959 156

Primary Registration District No. 2001 Registrar's No. 579

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b Yrs	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1610 PENNSYLVANIA			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1610 PENNSYLVANIA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH EARL WALKER			4. DATE OF DEATH Month Day Year NOVEMBER 29, 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH -7-1892	9. AGE (last birthday) 67 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life or if retired) JEWELER		10b. KIND OF BUSINESS OR INDUSTRY JEWELRY		11. BIRTHPLACE (City and state or country) GALENA, Ks.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES W. WALKER		13b. MOTHER'S MAIDEN NAME MATILDA COZAD		14. NAME OF HUSBAND OR WIFE MARJORIE WALKER			
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. UNK	17. INFORMANT Address MRS. MARJORIE WALKER, 1620 PENN.AVE.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse					INTERVAL BETWEEN ONSET AND DEATH 1 minute		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Accident					11 days		
DUE TO (c) Arteriosclerosis					Unknown		
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 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 a.m. p.m.	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 11-26-59 , to 11-28-59 and last saw him alive on 11-28-59 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C. F. Gregory</i> (Degree or title)			22b. ADDRESS 624 W. Broadway, Webb City, Mo.		22c. DATE SIGNED 12-2-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-1-59	23c. NAME OF CEMETERY OR MEMORIAL OSBORNE MEMORIAL,		23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		(State)	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 12-8-1959	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>			

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

F. M. Jones

Licensed Embalmer No. 2319

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.