

pt. Health,
, & Welfare
S. Public
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S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

FILED VS NOV 25 1959

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 357 Primary Registration District No. 7526 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY VERNON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY VERNON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 MILES E SHELDON		Length of stay in 1b	d. STREET ADDRESS RR. 1 SHELDON MO		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RILEY Middle WALKER Last WALKER			4. DATE OF DEATH Month NOV Day 11 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 DEC 14 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 10 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (City and state or country) LIBERTY MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SAMUAL R. WALKER		13b. MOTHER'S MAIDEN NAME MINNIE LIGHT BURNE	
14. NAME OF HUSBAND OR WIFE FLORA FOSTER		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. 487	
17. INFORMANT H344		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart attack		INTERVAL BETWEEN ONSET AND DEATH	
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) Man died while Coon hunting		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.) Man died while Coon hunting			
20c. TIME OF INJURY Hour _____ o.m. _____ p.m. _____		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 VERNON MO.			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ruth A. Smith (Degree of title) 3			22b. ADDRESS Moore - 22		22c. DATE SIGNED 11-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV 14-59	23c. NAME OF CEMETERY OR CREMATORY SHELDON		23d. LOCATION (City, town, or county) (State) SHELDON MO
24. FUNERAL DIRECTOR Beeny		ADDRESS SHELDON MO		25. DATE RECD. BY LOCAL REG. NOV 21 1959	
26. REGISTRAR'S SIGNATURE Mrs Ruth A. Smith					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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NOV 8 1951 SA

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 *L. Gerald Beeny*

Licensed Embalmer No. *4203*

P. O. Address *S. Hildow Md.*

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.