

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 1 2 2

FILED VS DEC 17 1959 01

STATE FILE NUMBER

Registration District No. 01 Primary Registration District No. Registrar's No. 75

ENDED

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural - Thomas Twp.</b> Length of stay in 1b <b>3 years</b>		c. CITY OR TOWN <b>Rural</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mi S. NAYLOR</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>NAYLOR - Mo.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>LEXIE</b> Middle <b>CLARENCE</b> Last <b>WALKER</b>			4. DATE OF DEATH <b>DECEMBER 4 - 1959</b> Month <b>DECEMBER</b> Day <b>4</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-30-1916</b>	9. AGE (last birthday) <b>43</b>	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, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>ALABAMA</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HARVEY WALKER SR.</b>		13b. MOTHER'S MAIDEN NAME <b>ANNIE HASTINGS</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIAN R. WALKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WN 2</b>	17. INFORMANT <b>JIMMY WALKER - NAYLOR - Mo.</b> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>
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.)	
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 **Sept. 19, 1959** to **Dec. 4, 1959** and last saw him **alive on Nov. 21, 1959**  
Death occurred at **6:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>J. L. Smith, D.O.</b>		22b. ADDRESS <b>Naylor, Mo.</b>		22c. DATE SIGNED <b>12-10-59</b>
23a. BURIAL (CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-7-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>NAYLOR - MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Edwards-Parront - NAYLOR - Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Dec. 10 - 59</b>	26. REGISTRAR'S SIGNATURE <b>Flava Britz.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 23 1959

VS DEC 17 1959

**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 Gene W. Parent

Licensed Embalmer No. 4809  
P. O. Address Naylor, 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.