

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-002379**

**FILED VS JAN 18 1960**

175

Primary Registration District No. 5445

Registrar's No. 2

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lawrence</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Aurora, Missouri</u>		Length of stay in 1b		c. CITY OR TOWN <u>Aurora, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Aurora, Route #2</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>5 Miles southeast of Aurora</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Finice</u> Middle <u>D.</u> Last <u>Walker</u>				<b>4. DATE OF DEATH</b> Month <u>January</u> Day <u>10,</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Oct. 22, 1912</u>	<b>9. AGE (last birthday)</b> <u>48</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Denson, Texas</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>		
<b>13a. FATHER'S NAME</b> <u>Tilmon E. Walker</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Iva Allred</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Avon Walker</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes April 29, 1944</u>		<b>16. SOCIAL SECURITY NO.</b> <u>149-07-0351</u>	<b>17. INFORMANT</b> <u>Avon Walker</u>	Address <u>Aurora, Route #2</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY	STATE		
<b>21. I attended the deceased from</b> <u>July 1948</u> to <u>Jan. 10-60</u> and last saw <sup>her</sup> <u>live on</u> <u>11-9-59</u> Death occurred at <u>345</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) <u>M.D.</u>			<b>22b. ADDRESS</b> <u>205 - Elliott Aurora Mo</u>		<b>22c. DATE SIGNED</b> <u>1-11-60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>	<b>23b. DATE</b> <u>January 12 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Alice, Texas</u>		<b>23d. LOCATION (City, town, or county)</b> <u>Ailace, Texas</u>		(State)	
<b>24. FUNERAL DIRECTOR</b> <u>Oscar L. Marsh</u>			ADDRESS <u>Aurora, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>1-12-1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Ora Mc Natt</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 19 1960

JAN 28

**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 Orson L. Harsh

Licensed Embalmer No. 3812

P. O. Address Amora, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.