t. Health,
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FILED VS APR 12 1960

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

60-010430
STATE FILE NUMBER

Registration District No. 109 Primary Registration District No. 4185 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Campbell, 406 N. Oak — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 406 N. Oak St. 94 — Length of stay in 1b: 10n yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Campbell 0350 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 406 N. Oak St. — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: EDWARD Middle: LEVI Last: WALKER

**4. DATE OF DEATH** Month: April Day: 4 Year: 1960

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH**: Aug. 12, 1905

**9. AGE** (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farm Supervisor

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and state or country): Campbell, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Elijah Johnson Walker

**13b. MOTHER'S MAIDEN NAME**: Tabitha Holland

**14. NAME OF HUSBAND OR WIFE**: Jewell Walker

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 496-18-6438

**17. INFORMANT**: Jewell Walker Address: 406 N. Oak, Campbell

MEDICAL CERTIFICATION

**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 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Seconds —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis — 27 years.
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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 ☐ NOT WHILE AT WORK ☐

**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 3/10/58, to 3/31/60 and last saw him alive on 3/31/60.
Death occurred at 1:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Wallace A. Bilsey MD 0

**22b. ADDRESS**: Campbell Mo.

**22c. DATE SIGNED**: 4/7/60.

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: April 6, 1960

**23c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cemetery

**23d. LOCATION** (City, town, or county) (State): Campbell Missouri

**24. FUNERAL DIRECTOR** ADDRESS: Landess Funeral Home, Campbell, Mo.

**25. DATE RECD. BY LOCAL REG.**: 4-8-1960

**26. REGISTRAR'S SIGNATURE**: Mrs Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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Co. File No. 460 — 123

## 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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.