

FEDERAL BUREAU OF INVESTIGATION  
**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS APR 4 1960

**60-011916**

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 347

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Newton</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>		c. CITY OR TOWN <b>Noel</b>	
Length of stay in 1b <b>1 hr.</b>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sale Mem. Hospital</b>		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <b>Orvie</b> Middle <b>Jay</b> Last <b>Walker</b>		4. DATE OF DEATH		Month <b>March</b> Day <b>20</b> Year <b>1960</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>7-7-1897</b>	9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR		IF UNDER 24 HR
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>McDonald County, USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Tom Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Urkle Walker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-110-2480</b>		17. INFORMANT Address <b>Mrs. Beonetta Davis Noel, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Gunshot wound of Head</b>						<b>2 hours</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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Shot above Rt ear with 22 rifle</b>			
20c. TIME OF INJURY <b>11:30</b> Hour a.m. Month, Day, Year <b>3-20-60</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>on Farm</b>		20f. CITY, TOWN, OR LOCATION COUNTY, STATE <b>Noel McDonald Mo.</b>	
21. I attended the deceased from <b>3-20-60</b> to <b>3-20-60</b> and last saw him alive on <b>3-20-60</b> Death occurred at <b>12:30 Noel, Mo.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W. Blankenship M.D.</b>				22b. ADDRESS <b>Neosho Mo.</b>		22c. DATE SIGNED <b>3-31-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-22-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Noel Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Noel, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Humphrey &amp; Son Noel, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>3-31-60</b>		26. REGISTRAR'S SIGNATURE <b>Melvin C. Browner, MO</b> <i>per R.H.</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

*T. M. Humphrey Jr.*

Licensed Embalmer No. 4708

P. O. Address Noel Me

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.