ED.	VS APR 519	<i>4 /</i> 2 m						E FILE NUMBER	
1 _	Registration District No.	<u> 29 7</u>	mary Registration Dis	itrict No. <u>U.Q.</u>	2_Registrar's No.	·7			
-	1. PLACE OF BEATH  a. COUNTY Ray		·	<u> </u>	2. USUAL RESIDEN	Sourt COU			ence befo imission)
1-	D. CITY (If outside c	corporate limits, give TOWN	NSHIP only) Le	ength of stay in 1b	c. CITY	BOULT_	nay	Ins	ide Limit
	or TOWN Rich:	mond Townsh	dn li	hour	OR TOWN P.	chmond		Yes	<b>⊠</b> No
-	c. FULL NAME OF (H	f NOT in hospital, give location	ation)	Inside Limits	d. STREET		utside, give locat	1	de on Fa
<b> </b> _	HOSPITAL OR 2	'miles sout	;h Io	Yes D NoXD	ADDRESS	reet not	named	Yes	□ No.
	3. NAME OF DECEASES (Type or print)	D First	Midd	dle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	Andrew	Mo	rris	Walker	DEATH	March	29 19	60
	5. ŞEX	6. COLOR OR RACE		Never Married	8. DATE OF BIRTH	9. AGE (last bir	rthday) IF UNDE Months		JNDER :
	Male	White	Widowed 🗍	Divorced [	9-18-191		[6	11 Ho	urs i
17		N (Give kind of work done		INESS OR INDUSTR	11. BIRTHPLACE (	City and state or co	ountry) 12. CH	TIZEN OF WHAT	COUN
1	Constru	ing, life, even if retired) ICTION WORKE	, r		Cameron,	Missour	·i	USA	
17	I3a. FATHER'S NAME		135. MOTH	IER'S MAIDEN NAM	AE.	14. NA/	ME OF HUSBAND	OR WIFE	
1	Amos Wa	lker	Emi.	ly Allna	ut	Phil	Lomena F	Berger	
Ī	5. WAS DECEASED EVE	ER IN U.S. ARMED FORCES	?   16. SOCIA	AL SECURITY NO.	17. INFORMANT		Address		
1 '	Yes, no pr unknown) (I	it yes, give war or dates of	service)   OO -	18-0021	Mma Dhi	Jomena l	Jalker.	Richmo	md
-	11.0		1492-	TO-005T	LILS. LIIT	TOMOTIA V	, , , , , , , , , , , , , , , , , , ,		TICE
1	1 18. CAUSE OF DEAT	H (Enter only one cause per	r line for (a), (b), and		Mrs. Fill	TOMOTIA V	, and the same of	INTERVA	L BETW
	1 18. CAUSE OF DEAT	H (Enter only one cause per I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a	r line for (a), (b), and Y:	1 (c). Ver Susi	tained;	n enter	nobile	INTERVA	L BETW
	18. CAUSE OF DEATI PART 1  Condiff which above stating	H (Enter only one cause per I. DEATH WAS CAUSED BY	r line for (a), (b), and Y: a)	d (c).	tained;	i suto	nobile	INTERVA	L BETW
	18. CAUSE OF DEATI PART 1  Conditi which above stating lying	M (Enter only one cause per I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a ions, if any, gave rise to cause (a), the under-	(b)(b), end (c)(conditions contributed to the contributed to the contributed to the conditions conditions conditions conditions conditions conditions conditions condition	cerlant	tained;	n anto	PART HIL If dithere	INTERVONSET  Fu  deceased was a pregnancy in	female last 90
FICATION	Condition which starting lying PART I	IN (Enter only one cause per IMMEDIATE CAUSED BY IMMEDIATE CAUSE (a ions, if any, gave rise to cause (a), the under- cause lest.  DUE TO disease condition given	(b)(b), end (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)	E C S L S L S L  E C S L  E C S	H but not related to	the terminal	PART HIL If dithere	loceased was a pregnancy in	female last 90
CERTIF	Condition which above stating lying PART I	IN (Enter only one cause per la DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ions, if any, gave rise to cause (a), the under-cause last. DUE TO (II. OTHER SIGNIFICANT (III.)	(b) CONDITIONS CONTR IN PART 1 (e) DE HOMICIDE	E C S L S L S L  E C S L  E C S	tained;	the terminal	PART HIL If dithere	loceased was a pregnancy in	female last 90
CAL CERTIFICATION	18. CAUSE OF DEATI PART 1  Condition which above stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO DEATE	M (Enter only one cause per I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) CONDITIONS CONTR IN PART 1 (a)	E C S L S L S L  E C S L  E C S	H but not related to	the terminal	PART HIL If dithere	loceased was a pregnancy in	female last 90
CERTIFI	18. CAUSE OF DEATI PART 1  Condition which above stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO DEATE	IMMEDIATE CAUSE DE IMMEDIATE CAUSE DE IMMEDIATE CAUSE (a) cause (a), the underscause last. DUE TO disease condition given Month, Day, Year Month, Day, Year 1.	(b) CONDITIONS CONTR IN PART 1 (a)	ELS JEST	H but not related to	the terminal	PART HIL If dithere	INTERVONSET  State  Increased was a pregnancy in part II of ite	female last 90
CAL CERTIFI	IB. CAUSE OF DEATI PART I  Conditi which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES   NO D INJURY o.m P.m  20d. INJURY OCCURF WHILE AT WORL NOT WHILE AT	M (Enter only one cause per I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b)	ELS JEST	TH but not related to	the terminal  (Enter nature of in	PART III. If de there	INTERVONSET  State  Increased was a pregnancy in part II of ite	female last 90
CAL CERTIFI	18. CAUSE OF DEATI PART 1  Condition which above starting lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO 20  20c. TIME OF House injury a.m. p.m. 20d. INJURY OCCURE WHILE AT WORK NOT WHILE AT  21. I attended the de Death occurred in the property of the part occurred in the part occ	M (Enter only one cause per I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Idens, if any, gave rise to cause (a), the under- cause (ast.) DUE TO disease condition given  20e. ACCIDENT SUICIE AMONTH, Day, Year I. Company to the company to the company to the cause last.  20e. ACCIDENT SUICIE AMONTH, Day, Year I. Company to the company to the company to the cause last.  20e. PLACE K	(b) (c) (c) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	RIBUTING TO DEAT  20b. DESCRIBE HO  n or about home, bldg., etc.)	TH but not related to	the terminal  C. (Enter nature of in the LOCATION  d last saw him alive	PART III. If d there Yes	intervonser    State	female last 90
CAL CERTIFI	IB. CAUSE OF DEATI PART I  Conditi which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES IN OF INJURY a.m p.m  20d. INJURY OCCURR WHILE AT WORN NOT WHILE AT	M (Enter only one cause per I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Idens, if any, gave rise to cause (a), the under- cause (ast.) DUE TO disease condition given  20e. ACCIDENT SUICIE AMONTH, Day, Year I. Company to the company to the company to the cause last.  20e. ACCIDENT SUICIE AMONTH, Day, Year I. Company to the company to the company to the cause last.  20e. PLACE K	(b)	RIBUTING TO DEAT  20b. DESCRIBE HO  n or about home, bldg., etc.)	TH but not related to	the terminal  C. (Enter nature of in the LOCATION  d last saw him alive	PART III. If d there Yes	intervonser    State	female last 90
MEDICAL CERTIFICATION	18. CAUSE OF DEATI PART 1  Condition which which which which which which was altered by the stating lying part 1  19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO DEATI NOT WHILE AT WORLD WH	IMMEDIATE CAUSE DE IMMEDIATE CAUSE DE IMMEDIATE CAUSE (a) cause (a), the underscause last. DUE TO disease condition given    20e. ACCIDENT SUICIE   Comment   Comment	(b)	CEMETERY OR CRE	TH but not related to  W INJURY OCCURRED  20f. CITY, TOWN, OR  22f. ADDRESS  EMATORY  emetery	the terminal  Of the terminal	PART HIL If dithere  Ye njury in PART I of COUNT  COUNT  o on	INTERVONSET INTERV	female last 90
MEDICAL CERTIFI	18. CAUSE OF DEATI PART 1  Condition which above stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO DEATE OF HOUSE NOT WHILE AT WORLD NOT WHILE AT WORLD NOT WHILE AT 21. I attended the death occurred 22a. SIGNATURE  22a. SIGNATURE  23a. BURIAL CREMATION	IMMEDIATE CAUSE DE IMMEDIATE CAUSE DE IMMEDIATE CAUSE (a) forns, if any, gave rise to cause (a), the underscause last. DUE TO disease condition given  20e. ACCIDENT SUICIE (a) Month, Day, Year (b) Month, Day, Year (c) Month, Day, Month,	(b)	CEMETERY OR CRE	TH but not related to  OW INJURY OCCURRED  20f. CITY, TOWN, OR  and date stated above, or  22b. ADDRESS  EMATORY	the terminal  Of the terminal	PART III. If dithere Ye niury in PART I o	INTERVONSET INTERV	female last 90 Unim 18.) STA

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## STATEMENT BY LICENSED EMBALMER APR 7 1960

or by	, Student Embalmer No
working under my personal supervision.	Signed Thomas J. Barter
StudentSignature of Student Embalmer	Signed A Komba A Carles
	Licensed Embalmer No 4474

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

P. O. AddressRichmond, Mo.

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