

R1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 6 1960

-60-014388

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 252 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Dexter Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital		d. STREET ADDRESS (If outside, give location) 621 No. Sassafras Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Nora Middle E. Last Walker			4. DATE OF DEATH Month April Day 20, Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-16-1894	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 0 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Milliner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Creal Springs, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William Walker		13b. MOTHER'S MAIDEN NAME Laura Harris		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-01-3568	17. INFORMANT Address Mrs. Minnie Lipe, Dexter, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung		INTERVAL BETWEEN ONSET AND DEATH 11/23/59 to 4/20/60
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 11:30 Month, Day, Year 11/23/59 a.m. p.m.	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 **11/23/59** to **4/20/60** and last saw her ^{him} alive on **4/20/60**
 Death occurred at **11:30 A. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) E. T. Hansbrough, M. D.		22b. ADDRESS 623 Pine Blvd. Poplar Bluff, Mo.		22c. DATE SIGNED 4/24/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-23-60	23c. NAME OF CEMETERY OR CREMATORY Dexter	23d. LOCATION (City, town, or county) (State) Dexter, Missouri	
24. FUNERAL DIRECTOR ADDRESS Strickland-Rainey Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 4/30/60	26. REGISTRAR'S SIGNATURE R. M. ...	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AUG 8 1960

OCT 19 1960

MS NOV 15 1960

JUN 23 1960

JUN 8 1960

MAY 23 1960

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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dept. 1

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.