

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

**-60-014977**

**FILED VS APR 18 1960**

Registration District No. 128 Primary Registration District No. 410 Registrar's No. 410

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Republic</u>		Length of stay in 1b	c. CITY OR TOWN <u>Republic</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Vardeman Ryan Walker</u>			4. DATE OF DEATH Month Day Year <u>April 10, 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-5-1881</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General labor</u>	11. BIRTHPLACE (City and state or country) <u>Granby, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. R.</u>
-----------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------	------------------------------------------------------------------	------------------------------------------------

13a. FATHER'S NAME <u>Elisha Walker</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Kern</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Walker</u>
--------------------------------------------	------------------------------------------------	------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>500-05-0940</u>	17. INFORMANT Address <u>Vesta Green Granby, Mo</u>
------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------

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 <u>2 1/2 years</u>
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Cerebral Hemorrhage</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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 s.m. p.m. Month, Day, Year	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 <u>9/29/57</u> to <u>4/10/60</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>April 10, 1960</u> Death occurred at <u>10:00 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

22a. SIGNATURE (Degree or title) <u>De Witt</u>	22b. ADDRESS <u>Box 248 Republic, Missouri</u>	22c. DATE SIGNED <u>4/15/60</u>
----------------------------------------------------	---------------------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 13, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Republic Mo</u>
------------------------------------------------------------	------------------------------------	-------------------------------------------------------------	---------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>W. B. Cantor</u>	ADDRESS <u>Republic, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4-15-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie B. Melton</u>
---------------------------------------------	--------------------------------	------------------------------------------------	-----------------------------------------------------

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 William B. Coakley

Licensed Embalmer No. 4820

P. O. Address Pepperell

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.