

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016280

FILED VS MAY 9 1960

438.6254

Primary Registration District No. 254

18

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY FULTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN THAYER		Length of stay in 1b 2 WEEKS	c. CITY OR TOWN MAMMOTH SPRING Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ERMA Middle ALICE Last WALKER			4. DATE OF DEATH Month MAY Day 1 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-1-1881	9. AGE (last birthday) 78	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) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) DENVISON, TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ENNIS MILLER		13b. MOTHER'S MAIDEN NAME KATHERAN DAWSON		14. NAME OF HUSBAND OR WIFE ISAAC WALKER		

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. NONE	17. INFORMANT Address C.E. WALKER, THAYER, MISSOURI
--	-------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Senescent arteriosclerosis DUE TO (c) Recent hip fracture		INTERVAL BETWEEN ONSET AND DEATH
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 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 1956 to _____ and last saw her/him alive on 4-30-60 . Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) AWalker MD	22b. ADDRESS Mammoth Spring Ark	22c. DATE SIGNED 5-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-2-1960	23c. NAME OF CEMETERY OR CREMATORY RIVERSIDE
		23d. LOCATION (City, town, or county) (State) MAMMOTH SPRING, ARKANSAS

24. FUNERAL DIRECTOR Address City Fun Home, Thayer Mo	25. DATE RECD. BY LOCAL REG. 5-6-1960	26. REGISTRAR'S SIGNATURE Arthur Wolff
--	--	---

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

896 - 2 1/2 1/88

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 Richard Carter

Licensed Embalmer No. 4516

P.O. Address Winston

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.