

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022461

FILED VS JUN 20 1960

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff	Length of stay in 1b 11 Yrs.	c. CITY OR TOWN Poplar Bluff	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1403 N. 5th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1403 N. 5th St.

3. NAME OF DECEASED (Type or print) Brooks Walker	First Brooks	Middle Walker	Last Walker	4. DATE OF DEATH Month June Day 2 Year 1960
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HR Hours 28 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroading	10b. KIND OF BUSINESS OR INDUSTRY Retired R. R.	11. BIRTHPLACE (City and state or country) Crawford, Mississippi	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Henry Walker	13b. MOTHER'S MAIDEN NAME Katherine Walker	14. NAME OF HUSBAND OR WIFE Deceased.
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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. 426-03-3048	17. INFORMANT Dolly Johnson, Poplar Bluff, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardio-Vascular-Renal Disease	
	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
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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.)
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20c. TIME OF INJURY Hour 2:07 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Poplar Bluff Mo.	COUNTY	STATE
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21. I attended the deceased from **April 28 1960**, to _____ and last saw ^{him} alive on **June 1 1960**
Death occurred at **2:07 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Stellay M.D.</i> (Degree or title)	22b. ADDRESS Poplar Bluff Mo.	22c. DATE SIGNED 6/8/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial	23b. DATE 6/12/1960	23c. NAME OF CEMETERY OR CREMATORY Starkville, Mississippi	23d. LOCATION (City, town, or county) Starkville, Mississippi
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24. FUNERAL DIRECTOR Frank-Cotrell, Poplar Bluff, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6/11/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 21 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.