

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023930

FILED VS JUN 29 1960 246

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 5835 Registrar's No. 313

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

3. NAME OF DECEASED (Type or print) First <b>HITOMI</b> Middle <b>TANI</b> Last <b>WALKER</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>21</b> , Year <b>1960</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>ORIENTAL</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Child Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-3-1952</b>	9. AGE (last birthday) <b>6</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CHILD</b>	11. BIRTHPLACE (City and state or country) <b>SOEDA-MACHI, JAPAN</b>	12. CITIZEN OF WHAT COUNTRY <b>JAPAN</b>
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13a. FATHER'S NAME <b>GERALD ALBERT WALKER</b>	13b. MOTHER'S MAIDEN NAME <b>FUSAKO TANI</b>	14. NAME OF HUSBAND OR WIFE -----
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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) <b>CHILD</b>	16. SOCIAL SECURITY NO. <b>CHILD</b>	17. INFORMANT <b>GERALD A. WALKER, WISCONSIN DELLS, WISCONSIN</b>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Injuries multiple extreme</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>1. Skull, leg, bacular fractures</b> DUE TO (c) <b>2. Sac. compound lt. humerus</b> <b>3. Crush injuries chest</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pronounced dead at St. Johns Hospital Joplin Mo</b>		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 checked="" 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.) <b>Car wreck - on U.S. Interstate 40. near station</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <b>in Newton County</b>	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.) <b>U.S. Interstate Highway 40</b>	20f. CITY, TOWN, OR LOCATION <b>Newton Mo.</b>	COUNTY _____ STATE _____
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21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>William Thomas Joplin County</b>	22b. ADDRESS <b>Med Auto. Bldg. Joplin Mo</b>	22c. DATE SIGNED <b>6/22/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6-23-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WISCONSIN DELLS, WISCONSIN</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-23-1960</b>	26. REGISTRAR'S SIGNATURE <b>Noel Merriam</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 19 1960

AUG 23 1960

AUG 17 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.