URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-025683

STATE FILE NUMBER

FILED VS AUG 1 1960

NDED

Registration District No. 002 Primary Registration District No. 5013 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY ANDREW	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ANDREW
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TOWNSHIP — Length of stay in 1b	c. CITY OR TOWN REA — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile south Fillmore — Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month Day Year
GLENN	DAVID	WALKER	JULY 21, 1960

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
male	white		2-14-52	8				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
		Maryville, Missouri	U S A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Lloyd Walker	Janila Tipton	- - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
no		- - -	Floyd Walker	Rea, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Concussion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fractured skull

DUE TO (c) being struck by automobile.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was running across road to retrieve his hat; ran in front of automobile.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County highway

20f. CITY, TOWN, OR LOCATION RFD Fillmore COUNTY Andrew STATE Mo.

21. I attended the deceased from _____, to _____ and last saw ~~him~~ alive on _____

Death occurred at 3:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. E. Maxwell (Degree or title) D.O. Coroner

22b. ADDRESS 307 W. Main, Savannah, Mo.

22c. DATE SIGNED 7/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 7-23-60

23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery

23d. LOCATION (City, town, or county) Fillmore, Missouri (State)

24. FUNERAL DIRECTOR BREIT & HAWKINS ADDRESS SAVANNAH

25. DATE RECD. BY LOCAL REG. 7-28-60

26. REGISTRAR'S SIGNATURE Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed James B. Hawkins

Signature of Student Embalmer

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.