

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007819

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 133

AMENDED

FILED APR 4 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Butler		a. STATE Missouri b. COUNTY Butler	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Doctors Hospital		c. CITY OR TOWN Poplar Bluff	
Length of stay in 1b 5 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff		d. STREET ADDRESS (if outside, give location) Rt. # 2	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First MARY Middle ETHEL Last WALKER		Month March Day 12 Year 1961	
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 9/24/92
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Fairdealng, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James T. Ferguson	
13b. MOTHER'S MAIDEN NAME Lilly Brov		14. NAME OF HUSBAND OR WIFE Jesse C. 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 Jesse C. Walker
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) Generalized peritonitis		2/6/61	
DUE TO (b) Ruptured appendix		2/6/61	
DUE TO (c) _____		_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial pneumonia		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 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.)	
20c. TIME OF INJURY Hour _____ a.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 2/8/61 to 3/12/61 and last saw him ^{her} alive on 3/11/61 Death occurred at 6:20 A.M., 3/12/61 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. T. Hansbrough</i> (Degree or title) E. T. Hansbrough M. D.		22b. ADDRESS 623 Pine Blvd., Poplar Bluff, Mo.	22c. DATE SIGNED 3/18/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/14/1961	23c. NAME OF CEMETERY OR CREMATORY Naylor Masonic	23d. LOCATION (City, town, or county) (State) Naylor, Missouri
24. FUNERAL DIRECTOR Edwards-Parrent	ADDRESS Naylor, Mo.	25. DATE RECD. BY LOCAL REG. 3/20/61	REGISTRAR'S SIGNATURE <i>E. Muehle</i>

(Licensed Embalmers Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Raylar, Mo

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.