

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016066

AMENDED **FILED** Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1139 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood, Missouri. Length of stay in 1b almost 2 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Arkansas b. COUNTY White  
 c. CITY OR TOWN Kensett Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Yes  No

3. NAME OF DECEASED (Type or print) First Jessie Middle R. Last Walls 4. DATE OF DEATH Month April Day 21 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10/8/1886 9. AGE (last birthday) 74

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) Mississippi 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Whitahurst 13b. MOTHER'S MAIDEN NAME Rachel Palmer 14. NAME OF HUSBAND OR WIFE Monroe Walls

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. Nil 17. INFORMANT Monroe Walls, Arkansas. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Basilar skull fracture and related brain damage  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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.) Fell down basement stairway

20c. TIME OF INJURY Hour 9:00 Month, Day, Year 4/19/61 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.) home of daughter 20f. CITY, TOWN, OR LOCATION (Rural) St. Louis COUNTY Missouri STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_. Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond L. Hard Coroner 22b. ADDRESS Clayton, Mo. 22c. DATE SIGNED 4/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 4/22/61 23c. NAME OF CEMETERY OR CREMATORY Local 23d. LOCATION (City, town, or county) (State) Heber Springs, Arkansas.

24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd., ADDRESS 4-22-61 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE John C. Murphy

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 Edwin R. J. Rempelius

Licensed Embalmer No. 4282

P. O. Address St. Louis, 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.