ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021058
STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 116

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton
Length of stay in 1b: 7 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 E. 21st Street
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Grundy
c. CITY OR TOWN Trenton
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 501 E. 21st Street
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Cora Middle Isabelle Last Walker
4. DATE OF DEATH: Month June Day 30, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-20-81
9. AGE (last birthday): 80
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): Grundy Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry Sawyer
13b. MOTHER'S MAIDEN NAME: Dona Cochran
14. NAME OF HUSBAND OR WIFE: Dale Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Dale Walker Address: Trenton, Mo.

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) Cardio-Vascular-Renal Disease 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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.)
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1st 1960 to June 30th 1961 and last saw her/him alive on June 30th 1961
Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Dufly MD (Degree or title)
22b. ADDRESS Trenton Mo
22c. DATE SIGNED July 6th 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 2, 61
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Trenton, Mo.

24. FUNERAL DIRECTOR: Gipson-Whitaker ADDRESS: Trenton, Mo.
25. DATE RECD. BY LOCAL REG.: 7-2-61
26. REGISTRAR'S SIGNATURE: Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 [illegible]

Licensed Embalmer No. 4780

P. O. Address Trenton, [illegible]

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.