

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033791  
STATE FILE NUMBER

AMENDED FILED OCT 9 1961 Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 307

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		Length of stay in 1b <i>40 yrs.</i>		c. CITY OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>217 E. Morgan</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Irene</i> Middle <i>F</i> Last <i>Walker</i>				4. DATE OF DEATH Month <i>Oct.</i> Day <i>1</i> Year <i>1961</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5/11/84</i>		9. AGE (last birthday) <i>67 yr.</i>		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) <i>House Wife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (City and state or country) <i>Sedalia, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>					
13a. FATHER'S NAME <i>Eliys Fletcher</i>				13b. MOTHER'S MAIDEN NAME <i>Lucy Gibson</i>				14. NAME OF HUSBAND OR WIFE <i>Charles M. Walker</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Name <i>Charles M. Walker</i> Address <i>Sedalia, Mo.</i>							
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) <i>Cerebral vascular accident</i>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>hypertensive Cardiovascular disease</i>													
DUE TO (c) <i>Chronic myocarditis</i>													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <i>9-11-61</i> to <i>10-1-61</i> and last saw her <i>her</i> alive on <i>10-1-61</i> . Death occurred at <i>Bothwell Hospital, 7a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>A. R. Maddox</i>						22b. ADDRESS <i>Sedalia, Mo.</i>			22c. DATE SIGNED <i>10-3-61</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct. 4, 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Crownhill Annex Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Sedalia, Mo.</i>						
24. FUNERAL DIRECTOR <i>J. Price Alexander</i> ADDRESS <i>Sedalia, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>10-4-1961</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>							

NOV 9 1961

**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 *Eric Alphonse*

Licensed Embalmer No. 4245

P. O. Address *Scottdale, Va*

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.