

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044123

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 194

STATE FILE NUMBER

AMENDED

FILED DEC 19 1961

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		c. CITY OR TOWN <b>Knobel</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Hospital</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>JAMES DISIX WALKER</b>			4. DATE OF DEATH Month Day Year <b>December 2, 1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-17-1896</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>10 15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sawmill Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>		11. BIRTHPLACE (City and state or country) <b>Vincennes, Indiana</b>		
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Sherman Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Bennett</b>		
14. NAME OF HUSBAND OR WIFE <b>Minnie Walker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				
17. INFORMANT <b>Mrs. Minnie Walker Knobel, Ark.</b>		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) <b>Pulmonary Hemorrhage</b> DUE TO (b) <b>Carcinoma of the Lungs</b> DUE TO (c) <b>Unknown</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <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 <b>Knobel, Arkansas</b>	COUNTY	STATE
21. I attended the deceased from <b>Dec 1, 1961</b> to <b>Dec 2 1961</b> last saw him alive on <b>Dec 2, 1961</b> Death occurred at <b>12:10 A M</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Charles R. Cash M.D.</b>		22b. ADDRESS <b>Kennett, Mo.</b>		22c. DATE SIGNED <b>12/10/61</b>
23a. BURIAL CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-4-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bond Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Knobel, Arkansas</b>	
24. FUNERAL DIRECTOR <b>Russell-Ermert Corning, Ark.</b>		ADDRESS <b>Box 65</b>	25. DATE RECD. BY LOCAL REG. <b>12-12-1961</b>	26. REGISTRAR'S SIGNATURE <b>Earl Husband</b>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HEWING 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

*Leslie D. Russell*

Licensed Embalmer No. 3855

P. O. Address Corning A

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.