

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005485

STATE FILE NUMBER

AMENDED

Registration District No.

03362

Primary Registration District No.

Registrar's No.

21

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STURDIVANT		c. CITY OR TOWN STURDIVANT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wayne		d. STREET ADDRESS (If outside, give location) Wayne	
3. NAME OF DECEASED (Type or print) First EUGENE Middle WALKER Last WALKER		4. DATE OF DEATH Month, Day, Year FEB. 14, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-25-1880
9. AGE (last birthday) 81		10. IF UNDER 1 YEAR Months 9 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster - GEN STORE		10b. KIND OF BUSINESS OR INDUSTRY Merchant	
11. BIRTHPLACE (City and state or country) BOLLINGER Co, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES HARDIN WALKER		13b. MOTHER'S MAIDEN NAME MARIA BOCKLOVER	
14. NAME OF HUSBAND OR WIFE MARY JANE CATO		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. 702-07-1204		17. INFORMANT CLOYD WALKER, ADVANCE, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) terminal stage of carcinoma DUE TO (c) of Liver & Intestines. 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		INTERVAL BETWEEN ONSET AND DEATH Gradual	
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 1940 to Feb. 14, 1962 and last saw him alive on Feb. 12, 1962 . Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E.C. Masters		22b. ADDRESS Advance Mo.	
22c. DATE SIGNED Feb 23, 1962			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-16-1962	
23c. NAME OF CEMETERY OR CREMATORY MORGAN MEMORIAL PARK		23d. LOCATION (City, town, or county) ADVANCE Mo.	
24. FUNERAL DIRECTOR W. H. Morgan, Advance, Mo.		25. DATE RECD. BY LOCAL REG. 2/26/62	
26. REGISTRAR'S SIGNATURE Wm Buford Crader			

(Licensed Embalmer's statement on Reverse Side)

MAR 22 1962

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

Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Pa.

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.