

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011884

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 50

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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2c.610

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MACON</b>		c. CITY OR TOWN <b>ATLANTA</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SAMARITAN HOSP.</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EMMA Jettie Walker</b>		4. DATE OF DEATH Month Day Year <b>3-10-1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-10-1874</b>
9. AGE (last birthday) <b>87</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>0</b> Hours <b>-</b> Min. <b>-</b>	IF UNDER 24 HR Hours <b>-</b> Min. <b>-</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and state or country) <b>MACON COUNTY U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Faught</b>	
13b. MOTHER'S MAIDEN NAME <b>Clarinda Soney</b>		14. NAME OF HUSBAND OR WIFE <b>Milton 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>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>Mrs Floy Wills - MACON, MO</b>
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>Uremia &amp; Congestive Heart Failure 5 days</b>			
DUE TO (b) <b>Arteriosclerotic Cardiovascular - Renal Disease</b>			
DUE TO (c) <b>-</b>			
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 <b>3-7-62</b> to <b>3-10-62</b> and last saw her him alive on <b>3-10-62</b> . Death occurred at <b>6:15 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James E. Campbell M.D.</b>		22b. ADDRESS <b>MACON, MO.</b>	22c. DATE SIGNED <b>3/16/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-13-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HOPEWELL</b>	23d. LOCATION (City, town, or county) (State) <b>ATLANTA - Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Theo H. Goodding - ATLANTA, MO</b>		25. DATE RECD. BY LOCAL REG. <b>3-17-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

