

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011999

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4346 Registrar's No. 89

FILED APR 3 1962

VS 300  
Rev. 4/59

10700  
20700

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4 1  
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12 90-2  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

|  |                                  |   |   |  |                                       |  |                         |
|--|----------------------------------|---|---|--|---------------------------------------|--|-------------------------|
| 1. PLACE OF DEATH  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |                                       |  |                         |
| a. COUNTY <b>Montgomery</b>  |                                  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Montgomery City Mo</b>  |   | c. CITY OR TOWN <b>Montgomery City Mo</b>  |                                       | d. STREET ADDRESS (If outside, give location)<br><b>211 N. Sturgeon</b>  |                         |
| Length of stay in 1b<br><b>23 yr</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         |                                       | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                         |
| 3. NAME OF DECEASED (Type or print)  |                                  |   |   | 4. DATE OF DEATH   |                                       |  |                         |
| First <b>Ada</b>   |                                  | Middle <b>O</b>   |   | Last <b>Walkup</b>   |                                       | Month <b>Mar</b> Day <b>22</b> Year <b>1962</b>  |                         |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-30-23</b>                | 9. AGE (last birthday)<br><b>84</b>  | IF UNDER 1 YEAR<br>Months             | IF UNDER 24 HR<br>Days   | IF UNDER 24 HR<br>Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>home</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><b>Illinois</b>                                |                                       | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>  |                         |
| 13a. FATHER'S NAME<br><b>O Delrist</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Bacelia Clark</b> |  |                                       | 14. NAME OF HUSBAND OR WIFE<br><b>Otis E. Walkup Decd</b>  |                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  |   | 16. SOCIAL SECURITY NO.<br><b>no</b>              |  | 17. INFORMANT<br><b>Virgil Walkup</b> |  |                         |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |                                  |   |   |  |                                       | INTERVAL BETWEEN ONSET AND DEATH   |                         |
| IMMEDIATE CAUSE (a) <b>Myocardial Decompensation</b>   |                                  |   |   |  |                                       | <b>12 hours</b>  |                         |
| DUE TO (b) <b>Myocardial Degeneration</b>  |                                  |   |   |  |                                       | <b>5 weeks</b>   |                         |
| DUE TO (c) <b>Chronic Myocarditis</b>  |                                  |   |   |  |                                       | <b>10 years</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                         |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>a.m.<br>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>October, 1957</b> to <b>March 22, 1962</b> and last saw her <b>live on March 22, 1962</b><br>Death occurred at <b>8:05 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |   |  |                                       |  |                         |
| 22a. SIGNATURE (Degree or title)<br><b>W Van Andale DO</b>   |                                  |   |   | 22b. ADDRESS<br><b>Montgomery City, Missouri</b>   |                                       | 22c. DATE SIGNED<br><b>3-23-62</b>   |                         |
| 23a. BURIAL, CREATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>3-24-62</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Grand View</b>                                      |                                       | 23d. LOCATION (City, town, or county) (State)<br><b>Near Hannibal Mo</b>   |                         |
| 24. FUNERAL DIRECTOR<br><b>Amopins</b>   |                                  |   |   | ADDRESS<br><b>Montgomery City Mo</b>   |                                       | 25. DATE RECD. BY LOCAL REG.<br><b>Mar. 23-1962</b>  |                         |
|  |                                  |   |   |  |                                       | 26. REGISTRAR'S SIGNATURE<br><b>Laura S Callaway</b>   |                         |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 an the 2nd day march 1962, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *Curry Kim*

Licensed Embalmer No. 1484

P. O. Address Montgomery City MO

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.