

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-1117
STATE FILE NUMBER
~~62-019707~~

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 39

FILED MAY 31 1962

VS 300
Rev. 4/59

4730

26735

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		Length of stay in 1b 10 days	c. CITY OR TOWN Neosho
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 Adams St.
3. NAME OF DECEASED (Type or print) First LAURA Middle ANGELINE Last WALKER		4. DATE OF DEATH Month MAY Day 19 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/23/1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (last birthday) 93
11. BIRTHPLACE (City and state or country) McDonald Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William G. Hoff		13b. MOTHER'S MAIDEN NAME Martha Jane Harrelson	
14. NAME OF HUSBAND OR WIFE Wm. R. Walker		17. INFORMANT Address Herbert Walker Stella, Mo.	
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. None	
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			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypostatic Congestion			5 days
DUE TO (c) Sensibility - Fracture of left femur			
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. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>2/12/62</u> to <u>5/19/62</u> and last saw her/him alive on <u>5/19/62</u> . Death occurred at <u>6:55 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. M. Morris</i>		22b. ADDRESS <i>Neosho, Mo.</i>	22c. DATE SIGNED <i>5/22/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/22/1962	23c. NAME OF CEMETERY OR CREMATORY Hazel Green Cem.	23d. LOCATION (City, town, or county) (State) Granby, Mo. Rural
24. FUNERAL DIRECTOR <i>W. Morris</i>		25. DATE RECD. BY LOCAL REG. <i>5/24/62</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Moberly</i>

USE BLACK INK OR TYPEWRITER RIBBON

NEWTON
 STATE
 CARD MEMORIAL HOSP. X

1931 MAY 23
 FEMALE
 WHITE
 HOUSEWIFE
 DONALD CO. MO.
 HERBERT WALKER STEIN, MO.
 MARIE G. HOLT
 MARY ANN WALKER
 ANGELINE WALKER
 X
 HERBERT WALKER
 W. R. WALKER

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. Marie Rogue

Licensed Embalmer No. 5747

P. O. Address Whelan, 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.

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