

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-025885

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 61

FILED JUL 17 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Atchison</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Length of stay in 1b 24 hrs.</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Atchison</p> <p>c. CITY OR TOWN Dale Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 7 Mi. S.E. of Fairfax Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last LOUISE TUDE WALKER</p>	
<p>4. DATE OF DEATH Month Day Year July 13, 1962</p>	
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 10/17/1879
9. AGE (last birthday) 82	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper</p> <p>10b. KIND OF BUSINESS OR INDUSTRY In the home</p>	
11. BIRTHPLACE (City and state or country) Clinton, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William N. Morse	
13b. MOTHER'S MAIDEN NAME Bertha Kalsow	
14. NAME OF HUSBAND OR WIFE _____	
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. _____	
17. INFORMANT Earle J. Walker Address Fairfax, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Carcinoma Cervix	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____	
DUE TO (c) _____	
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 checked="" 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 checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY, TOWN, OR LOCATION Fairfax, Missouri COUNTY _____ STATE _____	
21. I attended the deceased from January 1962 to July 13, 1962 and last saw her alive on July 13, 1962 Death occurred at 733 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Edward F. Bone MD	
22b. ADDRESS Tar Kio, Mo	
22c. DATE SIGNED 7/13/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/15/1962
23c. NAME OF CEMETERY Pleasant Ridge	
23d. LOCATION (City, town, or county) Fairfax, Missouri (State) _____	
24. FUNERAL DIRECTOR Schooler Funeral Home ADDRESS Fairfax, Mo.	
25. DATE RECD. BY LOCAL REG. July 13, 1962	
26. REGISTRAR'S SIGNATURE Harold N. Schuler	

VS 300 Rev. 4/59

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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

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin H. Schaefer

Licensed Embalmer No. 4167
P. O. Address Fairfax, 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.