

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039503

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. \_\_\_\_\_ Registrar's No. 61

FILED OCT 29 1962	
1. PLACE OF DEATH a. COUNTY <b>Mercer</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Mercer</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Madison Twp</b>	Length of stay in 1b <b>life</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Own Home</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. CITY OR TOWN <b>Modena, Mo</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Elva M. Walker</b>			4. DATE OF DEATH Month Day Year <b>Oct. 24-1962</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 22-1901</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Harrison Co., Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Mathew Rush</b>		13b. MOTHER'S MAIDEN NAME <b>Millie Bell Parrot</b>		14. NAME OF HUSBAND OR WIFE <b>Zack 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>			17. INFORMANT Address <b>Zack Walker Mill Grove, Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>  <b>6 mo.</b>
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		
DUE TO (b) <b>Coronary Artery Disease</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 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 5-9-62 to 10-24-62 and last saw her/him alive on 10-23-62  
 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Donald S. Pearce D.O.</i>	22b. ADDRESS <b>Princeton, Mo.</b>	22c. DATE SIGNED <b>10-24-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-26-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Harrison Co., Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Noel Moss Princeton, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-24-62</b>	26. REGISTRAR'S SIGNATURE <i>Neil Math</i>
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VS 300 Rev. 4/59  
 0650  
 20650  
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 4 1  
 5 1  
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 7 0  
 8 0  
 9/20.1  
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 11  
 12 90-2  
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 *Paul M. M. M.*

Licensed Embalmer No. 2634

P. O. Address Quincy, 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.

Permit obtained 10-24-62 M.M.