MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027273 STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 514

FILED JUL 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0109
2 0109.2
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4 0
5 0
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12 2-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia — Length of stay in 1b: 20 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Columbia — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8 Mc Baine — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: William Middle: Edward Last: Walker

4. DATE OF DEATH: Month: July Day: 25 Year: 1963

5. SEX: Male **6. COLOR OR RACE**: White **7.** Married ☐ Never Married ☑ Widowed ☐ Divorced ☐ **8. DATE OF BIRTH**: 4-17-63 **9. AGE** (last birthday) IF UNDER 1 YEAR: Months 3 Days 8 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and state or country): Columbia, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edward Walker
13b. MOTHER'S MAIDEN NAME: Joyce Ann Edwards
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 servic
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Univ. Mo. Med. Cent. Records - Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Cardio-respiratory arrest
DUE TO (b): Acute Pulmonary
DUE TO (c):

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐ **20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ **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 ☐ NOT WHILE AT WORK ☐ **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 7/5/63 to 7/25/63 and last saw ~~her~~ him alive on 7/25/63

Death occurred at 0200 hours m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James N. Burkholder M.D. **22b. ADDRESS**: Univ. Hosp., Columbia, Mo **22c. DATE SIGNED**: 7/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 7-26-1963 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park **23d. LOCATION** (City, town, or county) (State): Columbia, Missouri

24. FUNERAL DIRECTOR ADDRESS: Lyman Sprinkle, Columbia, Mo. **25. DATE RECD. BY LOCAL REG.**: July 25, 1963 **26. REGISTRAR'S SIGNATURE**: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

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 Richard G. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.