

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050619
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 244

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 7 1964

| | | | |
|-----------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in lb 30 Yrs. | c. CITY OR TOWN Nevada Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1729 W. Hunter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Jesse Middle Walburn Last Walburn | | | 4. DATE OF DEATH Month 12 Day 24 Year 1963 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/19/87 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Hand | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | 11. BIRTHPLACE (City and state or country) Saline, Kansas, U.S. | |
| 13a. FATHER'S NAME Jacob R. Walburn | | 13b. MOTHER'S MAIDEN NAME Anna R. Haggard | | 14. NAME OF HUSBAND OR WIFE Odie Walburn | |

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------|--|
| 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. X X | | 17. INFORMANT Odie Walburn, Nevada, Mo. | |
|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|---------------------------------------------------|--|

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cerebral Embolism | | | 332X sudden |
| DUE TO (b) Acute myocardial infarction | | | 4201 7 hrs. |
| DUE TO (c) Arteriosclerotic Heart Disease | | | 4200 Unknown |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 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 Butler, Missouri |
| 21. I attended the deceased from Jan 1955 to Dec 24, 1963 and last saw him alive on Dec 24, 1963 Death occurred at 8:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | |

| | | |
|------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title) James J. Pascoe, M.D. | 22b. ADDRESS Moore Building, Nevada, Mo. | 22c. DATE SIGNED 12-31-63 |
|------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|

| | | | |
|----------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12/27/63 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill | 23d. LOCATION (City, town, or county) (State) Butler, Missouri |
| 24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo. | 25. DATE RECD. BY LOCAL REG. 12-31-1963 | 26. REGISTRAR'S SIGNATURE Anna & Jerry | |

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1085
2 1085
3
4 0
5 1
6
7 1
8 2
9 4200
10
11
12 1-0
13 1-0

0110 10-10-16

10824
10824
6-1-4
90 16

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 *[Signature]*

Licensed Embalmer No. 4853

P. O. Address *[Handwritten Address]*

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.