

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005062

STATE FILE NUMBER

FILED FEB 17 1958

120

5448

Registrar's No. 172

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Huggins Township</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <b>Huggins Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>N.W. of Albany</b> <b>lifetime</b>				d. STREET ADDRESS (If outside, give location) Reside on Farm <b>N.W. of Albany</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Earl</b> Middle <b>Homer</b> Last <b>Walker</b>			4. DATE OF DEATH Month <b>February</b> Day <b>5</b> Year <b>1958</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>October 25 1893</b>	9. AGE (In years last birthday) <b>64</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Gentry County</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13. FATHER'S NAME <b>Anthony Greene Walker</b>				
14. MOTHER'S MAIDEN NAME <b>Chrisanna Nelson</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>				
16. SOCIAL SECURITY NO.			17. INFORMANT Address <b>Mrs. Earl Walker, Stanberry, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary artery disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension and Arteriosclerosis</b> DUE TO (c) <b>None</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>None</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>years</b>							
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.) <b>4201</b>							
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE			
21. I attended the deceased from <b>4-13-54</b> to <b>6-14-55</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>6-14-55</b> Death occurred at <b>11:20 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Arthur R. Carlin M.D.</b>			22b. ADDRESS <b>Stanberry, Mo.</b>		22c. DATE SIGNED <b>2-6-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Feb. 7, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highridge</b>		23d. LOCATION (City, town, or county) (State) <b>Stanberry, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Clifford Brooks, Albany, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Feb. 9-1958</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. L. W. Bare</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 20 1958

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

Student.....  
Signature of Student Embalmer

Signed Donald E. Coohel.....

Licensed Embalmer No. 48

P. O. Address Albany, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.