

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12731

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4195 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gentry</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Gentry</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u>				Length of stay in lb <u>4 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			First <u>Robert</u> Middle <u>Franklin</u> Last <u>Walker</u>			4. DATE OF DEATH Month <u>April</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 1 1873</u>		9. AGE (In years last birthday) <u>83</u>	
						IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Gentry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Anthony Green Walker</u>					14. MOTHER'S MAIDEN NAME <u>Harriet Friend</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs Uva Howard Gentry Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiovascular Disease with decompensation and failure</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
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)								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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT <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 <u>April 22</u> to <u>April 25, 1957</u> and last saw ^{him} <u>him</u> alive on <u>Apr 24, 57</u> Death occurred at <u>7:00</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Frank B. Matteson MD</u> (Degree of title)					22b. ADDRESS <u>GRANT CITY, MISSOURI</u>			22c. DATE SIGNED <u>4-26-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>April 28 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u>		23d. LOCATION (City, town, or county) (State) <u>Gentry Co. Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4/28/1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5. 300
7. 1-56

securing the medical certification in the specific manner required by 1957 laws, and by 1957
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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. Cahell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.