

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25979**

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4447** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Henrietta 0890	
c. LENGTH OF STAY (In this place) 25 years		d. STREET ADDRESS (If rural, give location) Street not listed	
d. FULL NAME OF HOSPITAL OR INSTITUTION Street not listed		d. STREET ADDRESS Street not listed	

3. NAME OF DECEASED (Type or Print) a. (First) Fannie	b. (Middle) Belle	c. (Last) Walker	4. DATE OF DEATH (Month) (Day) (Year) July 2, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 12, 1874
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5 Days 20	IF UNDER 1 MIN. Hours 20 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and State or Foreign Country) Saline County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Boyer	13b. MOTHER'S MAIDEN NAME Sallie Bathy	14. NAME OF HUSBAND OR WIFE Kimbelton Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME K.R. Walker, Henrietta, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular dis. DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs? unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 10, 1952 , to July 2, 1953 , that I last saw the deceased alive on July 2, 1953 , and that death occurred at 7:00 PM from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) H. K. Johnson, M.D.	23b. ADDRESS Richmond, Mo.	23c. DATE SIGNED 7/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Craven Cemetery
		24d. LOCATION (City, town, or county) (State) Canden, Missouri

DATE REC'D BY LOCAL REG. July 14 - 1953	REGISTRAR'S SIGNATURE Malcolm Johnson 273	25. FUNERAL DIRECTOR'S SIGNATURE 2 West Nile Funeral Home Richmond, Missouri	ADDRESS Richmond, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14

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
Student Embalmer

Signed _____

[Handwritten Signature]

Licensed Embalmer No. 4066

P. O. Address Putnam, 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 this body is not embalmed, fact should be so stated above.