

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. Kexqg Registrar's No. 288 STATE FILE NUMBER 0004990

FILED JAN 22 1965

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Winona</u>		Length of stay in 1b	c. CITY OR TOWN <u>Winona</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Winona</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Walter</u> Last <u>Walker</u>			4. DATE OF DEATH Month <u>JAN.</u> Day <u>17</u> Year <u>1965</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Sept 24 1889</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>	IF UNDER 24 HR Hours <u>24</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	11. BIRTHPLACE (City and state or country) <u>Oregon Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Walker</u>	
13b. MOTHER'S MAIDEN NAME <u>Eddwin Rackley</u>		14. NAME OF HUSBAND OR WIFE <u>Decie Bettis Winona Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Decie Bettis Winona Mo.</u>		Address	
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>MYOCARDIAL INFARCTION</u> CORONARY THROMBOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>5 MIN.</u> DUE TO (c) <u>15 MIN.</u>			INTERVAL BETWEEN ONSET AND DEATH
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 <u>10 P.</u> Month, Day, Year <u>Sept 19, 1963</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bardley Ceme.</u>	COUNTY <u>Bardley</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>Sept 19, 1963</u> to <u>Jan 14, 1965</u> and last saw her/him alive on <u>Jan 14, 1965</u> Death occurred at <u>10 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Denton Wilson</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Eminence Mo.</u>	22c. DATE SIGNED <u>1-20-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-20-1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bardley Ceme.</u>	23d. LOCATION (City, town, or county) (State) <u>Bardley Mo.</u>
24. FUNERAL DIRECTOR <u>CLARY Funeral Home; Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 21 1965</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Green</u>

USE BLACK INK OR TYPEWRITER RIBBON

