

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25475

State File No.
Registrar's No. 455

Dr Post
FILED AUG 24 1955

REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5143

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Poplar Bluff, Mo.)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Poplar Bluff	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy. 67 South		STREET ADDRESS (If rural, give location) Hwy. 67 South		0120	
3. NAME OF DECEASED (Type or Print) Lottie Walker		a. (First)		b. (Middle)	
c. (Last)		4. DATE OF DEATH Aug. 3, 1955		(Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 7, 1874		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 7 Days 3	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Annapolis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME James Castell		13b. MOTHER'S MAIDEN NAME Martha Lewis		14. NAME OF HUSBAND OR WIFE G.W. Walker	
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.		17. INFORMANT'S SIGNATURE OR NAME G.W. Walker, Poplar Bluff, Mo.	
ADDRESS					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriatic decompensatio		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocarditis		5 yrs.	
DUE TO (c) Hypertension				20 yrs.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis					
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 1900 to 3 Aug, 1955, that I last saw the deceased alive on 3 Aug, 1955 and that death occurred at 8:25A m., from the causes and on the date stated above.					
23a. SIGNATURE Cyril A. Post M.D.		(Degree or title)		23b. ADDRESS Poplar Bluff	
23c. DATE SIGNED 12 Aug 56					
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-5-55		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	
24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.					
DATE REC'D BY LOCAL REG. 8/15/55		REGISTRAR'S SIGNATURE Frank Cotrell		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	
ADDRESS Poplar Bluff, Mo.					

484-0 (Licensed Embalmer's Statement on Reverse Side)