

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27941**
Registrar's No. **5**

FILED AUG 22 1951

BIRTH NO. _____ REG. DIST. NO. **390** PRIMARY REG. DIST. NO. **4442**

1. PLACE OF DEATH a. COUNTY Randolph 0880		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Higbee Mo		c. CITY (If outside corporate limits, write RURAL and give township) Higbee Mo 0880	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) H.	c. (Last) Walton	4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan 28 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iowa /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Walton	13b. MOTHER'S MAIDEN NAME Elizabeth Wondera	14. NAME OF HUSBAND OR WIFE Nettie Walton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Nettie Walton	ADDRESS Higbee Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years 30 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mitral stenosis DUE TO (c) Unknown		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 410X
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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?
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22. I hereby certify that I attended the deceased from **10-15, 1949**, to **8-13, 1951**, that I last saw the deceased alive on **8-13, 1951**, and that death occurred at **5 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V.L. Robinson D.O.	23b. ADDRESS Higbee, Mo	23c. DATE SIGNED 8-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 15 1951	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higbee Mo
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DATE REC'D BY LOCAL REG. Aug 14-51	REGISTRAR'S SIGNATURE Joe W. Burton 452	25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home	ADDRESS Higbee Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 5 1951

Date Received: **AUG 20 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1474*
Date Filed: **AUG 21 1951**

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 *W. H. ...*.....

Licensed Embalmer No. *3978*.....

P. O. Address *Glasgow Ill*.....

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.