

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38620

State File No. ....

DEC 8 - 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cantwell</u>	c. LENGTH OF STAY (In this place) <u>70 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cantwell</u> <u>0944</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cantwell</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Richard</u>	b. (Middle) <u>Lêve</u>	c. (Last) <u>Walston</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 5, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>15</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Near Cantwell, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Tom F. Walston</u>	13b. MOTHER'S MAIDEN NAME <u>Mary M. Hutchings</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Walston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ida Mae Gipson Phoenix Ariz.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c)		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 11-16, 1951, to 11-20, 1951, that I last saw the deceased alive on 11-16, 1951, and that death occurred at 7:30p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Byron H. Taylor</u> (Degree or title) <u>mo</u>	23b. ADDRESS <u>Flat River mo</u>	23c. DATE SIGNED <u>11-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARVIN CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR BONNE TERRE, MO</u>
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DATE REC'D BY LOCAL REG. <u>Nov 26, 1951</u>	REGISTRAR'S SIGNATURE <u>Eather Riddloff</u>	FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Beyer &amp; Son, Desloge mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

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

*C. Z. Boyer*

Licensed Embalmer No. *1671*

P. O. Address *DeLoe M*

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.