

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39243**

FILED DEC 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **93**

5004

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

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Town Hillsboro</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hillsboro 0509</b>	
c. LENGTH OF STAY (In this place) <b>11 Months</b>		d. STREET ADDRESS (If rural, give location) <b>Cedar Grove Nursing Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cedar Grove Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Monroe</b>	b. (Middle)	c. (Last) <b>Walton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 4, 1878</b>	9. AGE (In years last birthday) <b>74</b>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self-Employed</b>		11. BIRTHPLACE (State or foreign country) <b>New York 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Bernice Walton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Walton, 321 Carlton,</b>	ADDRESS <b>Northersville, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 year +</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arteriosclerosis with psychosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		
DUE TO (c) <b>bronchitis, acute.</b>		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 <b>306X</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Aug 19 49**, to **Nov. 8**, 1952, that I last saw the deceased alive on **Nov. 6**, 1952 and that death occurred at **1:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>	23b. ADDRESS <b>DeSoto, Mo.</b>	23c. DATE SIGNED <b>11-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/10/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-19-52</b>	REGISTRAR'S SIGNATURE <b>Kathleen Meraden</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>PROVOST UND. CO., 3710 N. Grand Blvd</b>	ADDRESS
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JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DEC 3 1982  
DATE 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Stanley H. Dixon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. L.

**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.