

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH14749  
State File No. 171339  
REGISTRAR'S No. 22581

FILED MAY 7 1953

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028	
1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give townsh. OR TOWN Carthage		0493
d. FULL NAME OF HOSPITAL OR INSTITUTION 1718 S. Garrison			d. STREET ADDRESS (If rural, give location) 1718 S. Garrison		
3. NAME OF DECEASED (Type or Print) Ruby		a. (First)	b. (Middle)	c. (Last) Walton	4. DATE OF DEATH (Month) (Day) (Year) 5-2-1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-7-1903	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Mansfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME R. D. Findley		13b. MOTHER'S MAIDEN NAME Nina Gray		14. NAME OF HUSBAND OR WIFE O. L. Walton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. L. Walton Carthage Missouri			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis & Hypertension DUE TO (b) (c) (This previous Hemorrhage, Arter.) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			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) m.	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 8-3-52, 19__, to 5-2-53, 19__, that I last saw the deceased alive on 5-2-53, 19__, and that death occurred at 3:15 p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) [Signature]			23b. ADDRESS 304 Grand Carthage, Mo.		23c. DATE SIGNED 5-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-5-1953	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Missouri		
DATE REC'D BY LOCAL REG. 5-5-53	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 139 [Signature] Ulmer Funeral Home Carthage, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

193

RECEIVED 5-6-53  
Jasper County Health Office

53-5-391

County File Number \_\_\_\_\_

Date Filed 5-6-53

JAN 21 1954

APR 19 1954

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 William B. Beattell

Licensed Embalmer No. 4820

P. O. Address Carters Mo

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.