

STANDARD CERTIFICATE OF DEATH

11142

State File No. \_\_\_\_\_

FILED APR 19 1954 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5043 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Seligman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seligman	
c. LENGTH OF STAY (In this place) 16 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Samantha b. (Middle) Wakden c. (Last) Wakden			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1954		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 6, 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Carroll County Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wm. Robertson	13b. MOTHER'S MAIDEN NAME Nancy Burks	14. NAME OF HUSBAND OR WIFE Webb Walton (Deceased)
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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) no X	16. SOCIAL SECURITY NO. 514-20-6976	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cuma Roller Southwest City Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) arterio sclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Mar. 31, 1954, that I last saw the deceased alive on Mar. 31, 1954, and that death occurred at 8:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Chas. R. Brown (Degree or title) D.O.	23b. ADDRESS Seligman, Mo.	23c. DATE SIGNED 4/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/2/54	24c. NAME OF CEMETERY OR CREMATORY Beaver Cemetery	24d. LOCATION (City, town, or county) (State) Beaver Arkansas
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DATE REC'D BY LOCAL REG. 4-7-1954	REGISTRAR'S SIGNATURE Grace Williams	10-0	ADDRESS MILLER FUNERAL HOME PEA RIDGE, ARKANSAS
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(Licensed Embalmer's Statement on Reverse Side)

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

0050

454-7

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

Rec. 4-10-54

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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 Winford Croisdale

Licensed Embalmer No. 866

P. O. Address Rogers, Arkansas

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.