

FILED APR 29 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12869**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5904** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Remick		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Remick	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Butter top		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayward Com.		e. STREET ADDRESS (If rural, give location) Hayward Comm 0780	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Laphate c. (Last) Walton	4. DATE OF DEATH (Month) (Day) (Year) Mar. 28. 1954
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5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 24, 1911	9. AGE (in years last birthday) 38 Months 10 Days 4	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 24 HRS. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Malden, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME James William Walton	13b. MOTHER'S MAIDEN NAME Flores Belle Williams	14. NAME OF HUSBAND OR WIFE Mary Eunice 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) no	16. SOCIAL SECURITY NO. 49-14-6312	17. INFORMANT'S SIGNATURE OR NAME Rondel Walton	ADDRESS Portageville Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis		1 year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease DUE TO (c)		10 years
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 4/10 X	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)	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 **March 28, 1954**, to **same**, 19____, that I last saw the deceased alive on **March 19, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel R. Henderson	23b. ADDRESS Wardell Mo	23c. DATE SIGNED 4/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 30, 1954	24c. NAME OF CEMETERY OR CREMATORY Portageville	24d. LOCATION (City, town, or county) (State) Portageville Mo
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DATE REC'D BY LOCAL REG. 4-22-54	REGISTRAR'S SIGNATURE John W. Herman	406-1	25. FUNERAL DIRECTOR'S SIGNATURE Debiste Funeral Parlor	ADDRESS Portageville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-92-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE. PHONE 79
CARUTHERSVILLE, MO.

APR 27 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.....
Signature of Student Embalmer

Signed.....
Joseph A. [Signature]

Licensed Embalmer No.....

P. O. Address.....
Caruthersville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.