

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27144

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3050 Registrar's No. 77

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville, Mo</u>                                       |  |
| c. LENGTH OF STAY (in this place) <u>10</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1308 Hickory</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 Hickory</u>  |  |  |  |

|   |            |                           |           |  |
|---|------------|---------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Robert</u> | a. (First) | b. (Middle) <u>Walton</u> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Unknown 8-29-55</u> |
|---|------------|---------------------------|-----------|--|

|                    |                               |   |                                     |   |                     |                   |                   |                     |
|--------------------|-------------------------------|---|-------------------------------------|---|---------------------|-------------------|-------------------|---------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>27 Mar 1908</u> | 9. AGE (In years last birthday) <u>47</u> | 10. MONTHS <u>5</u> | 11. DAYS <u>2</u> | 12. HOURS <u></u> | 13. MINUTES <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|---------------------|-------------------|-------------------|---------------------|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oxford, Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|---|--|

|                                   |  |   |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
|-----------------------------------|--|---|

|   |  |  |         |
|---|--|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 1 Mar 41 31 Oct 45</u> | 16. SOCIAL SECURITY NO. <u>408160510</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Discharge and records</u> | ADDRESS |
|---|--|--|---------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Indigestion</u> |  |                                  |
|   | DUE TO (c) <u>4201</u>   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Caruthersville Pemiscot Mo.</u> |
|--|--|--|

|   |   |  |
|---|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Found dead in bed.</u> |
|---|---|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23. SIGNATURE (Degree or title) <u>John H. German - Coroner</u> | 23b. ADDRESS <u>3. Gayle, Mo.</u> | 23c. DATE SIGNED <u>8-29-55</u> |
|---|-----------------------------------|---------------------------------|

|   |                              |  |   |
|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>31 Aug 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo</u> |
|---|------------------------------|--|---|

|  |   |  |                                |
|--|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>9-1-1955</u> | REGISTRAR'S SIGNATURE <u>Jessie B. Wilcox</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. B. D. Woods</u> | ADDRESS <u>C. W. W. Co. Mo</u> |
|--|---|--|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

9-249-55

SEP 2 - 1955

SEP 30 1955

DEC 7 1955

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 P. B. Dyer

Licensed Embalmer No. ....

P. O. Address.....

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.