

W-17-54
1888

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

| | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|---|---|---|----------------------------------|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>179</u> | | PRIMARY REG. DIST. NO. <u>5669</u> | | Registrar's No. <u>16</u> | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where Deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hawk Point</u> | | | c. LENGTH OF STAY (If this place) <u>life</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hawk Point Township</u> | | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Em. Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6570</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u> | | | b. (Middle) <u>Hester</u> | | c. (Last) <u>Walton</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1956</u> | | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> (Specify) | | 8. DATE OF BIRTH <u>Sept. 27, 1877</u> | | 9. AGE (In years last birthday) <u>78</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier Rural</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Govt. Service</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | |
| 13a. FATHER'S NAME <u>Hester Walton</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Wyatt</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Rebecca G. Walton</u> | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Walton, Troy, Missouri.</u> | | | | | | | | |
| 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) <u>Pneumonia (lobar)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <u>Cerebral apoplexy -</u> DUE TO (c) <u>arteriosclerosis -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u> | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12/25/55</u> | |
| 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.) | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 <u>12/20</u> 19 <u>55</u> to <u>1/4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/4</u> , 19 <u>56</u> , and that death occurred at <u>7:30 PM</u> from the causes and on the date stated above. | | | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. J. Church M.D.</u> | | | | | 23b. ADDRESS <u>Troy, Missouri</u> | | | 23c. DATE SIGNED <u>1/5/56</u> | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/6/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hawk Point Cemetery</u> | | | 24d. LOCATION (City, town, or county) (State) <u>Hawk Point, Missouri</u> | | | | | | |
| DATE REC'D BY LOCAL REG. <u>Jan 7-1956</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> <u>162</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper Funeral Home Troy, Missouri.</u> | | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1958

AUG 8 1958

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, of City _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.