

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27200

Registrar's No. 3298

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3298</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>54 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3504 Cleveland</u>				STREET ADDRESS (If rural, give location) <u>501 3504 Cleveland</u> <u>3518</u>					
3. NAME OF DECEASED a. (First) <u>OLLIE</u> (Type or Print)			b. (Middle) <u>WALTON</u>		c. (Last) <u>WALTON</u>		4. DATE OF DEATH (Month) <u>8</u> (Day) <u>2</u> (Year) <u>1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 7, 1882</u>		9. AGE (in years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>J. E. Dunn Const.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John B. Walton</u>			13b. MOTHER'S MAIDEN NAME <u>Sally McCown</u>			14. NAME OF HUSBAND OR WIFE <u>May Walton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>496-07-7283A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May Walton</u> ADDRESS <u>3504 Cleveland</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardio-Vascular Disease</u>						3 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>						3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4421</u>							
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>May</u> , 19 <u>53</u> , to <u>Aug 2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>56</u> , and that death occurred at <u>104</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John M. Powers</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3304 Linwood</u>			23c. DATE SIGNED <u>8/3/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-4-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u> ADDRESS <u>1800 E. Linwood</u>				

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

Dr. John B. Brown
3304 Linnwood
Wa 4-9244

1pm - 5PM

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 *Ivan E. Miller*

Licensed Embalmer No. *4982*

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