

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

666

STATE FILE NUMBER

FILED JAN 29 1957

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		c. CITY OR TOWN <u>Gallatin</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>---</u>	
Length of stay in lb <u>18 Days</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Blair</u> Last <u>Walton</u>			4. DATE OF DEATH Month <u>January</u> Day <u>10</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 23, 1890</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>31</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Marion, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>James N. Walton</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Overbay</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-38-9003</u>		17. INFORMANT Address <u>Mrs. F. B. Walton, Gallatin, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>unknown</u>
DUE TO (b) <u>Chronic Myocarditis</u>		
DUE TO (c) <u>Uremia Chronic glomerulonephritis</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Uremia Chronic glomerulonephritis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Heart failure</u>		
20c. TIME OF INJURY Hour <u>9:30 P</u> Month <u>Jan</u> Day <u>10</u> Year <u>1957</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Gallatin, Mo.</u>	20g. COUNTY <u>Daviess</u>	20h. STATE <u>Missouri</u>
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21. I attended the deceased from <u>Dec 20/1956</u> to <u>Jan 10/1957</u> I last saw her/him alive on <u>Jan 10/1957</u> Death occurred at <u>9:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22. SIGNATURE (Degree or title) <u>Edward L. Wickham M.D.</u>	22b. ADDRESS <u>Gallatin, Mo.</u>	22c. DATE SIGNED <u>1/20/57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-16, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>L. O. Wickham</u> <u>Hone Funeral Home, Gallatin, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-22-57</u>	26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 31 1953

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.....
[Handwritten Signature]

Licensed Embalmer No. 30

P. O. Address Gallatin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.