

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20357**
Registrar's No. **53**

FILED JUN 24 1957

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5200**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wakenda, Mo.		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Wakenda
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0170	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) _____ c. (Last) Staton			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 20, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME John Staton	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Nora Staton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Earl Staton ADDRESS Wakenda, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral accident with right hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 6/5/57
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		6/5/57plus
	DUE TO (b) arteriosclerosis generalized		to 06/13/57
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? 2 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)
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 **6/5/57**, 19**57**, to **6/12/57**, 19**57**, that I last saw the deceased alive on **6/12**, 19**57**, and that death occurred at **6:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE Jordan Kelling M.D. (Degree or title)	23b. ADDRESS Waverly, Missouri	23c. DATE SIGNED 6/15/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/15/57	24c. NAME OF CEMETERY OR CREMATORY Adkins Cemetery	24d. LOCATION (City, town, or county) (State) Carroll Co. Missouri
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DATE REC'D BY LOCAL REG. 6/15/57	REGISTRAR'S SIGNATURE Mr. Herbert Calver	25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home ADDRESS Carrollton
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

750

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..... *R M Marshall Jr*

Licensed Embalmer No. *446*

P. O. Address *Carrollt*

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.