

FILED JAN 10 1958

STANDARD CERTIFICATE OF DEATH

46972  
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sikeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Length of stay in 1b <u>Several Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>119 Maplewood Dr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HERBERT</u> Middle <u>—</u> Last <u>WALTON</u>			4. DATE OF DEATH <u>December 16, 1957</u> Month <u>December</u> Day <u>16</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</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>March 10, 1895</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Auto Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (City and state or country) <u>Mississippi County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Henry Walton</u>			14. MOTHER'S MAIDEN NAME <u>Sally Brown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>489-09-9132</u>	17. INFORMANT <u>Mary B. Walton, Sikeston, Mo.</u> Address		
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>Ruptured Aneurysm of the renal artery</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage - Hemiplegia</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>452X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>at once</u> <u>1957 (1951)</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>1</u>		COUNTY	STATE
21. I attended the deceased from <u>1949</u> to <u>16-Dec-57</u> and last saw her/him alive on <u>16-Dec-57</u> Death occurred at <u>10:45</u> P. m. on the date stated above and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>H. B. Prognator M.D.</u>			22b. ADDRESS <u>Sikeston, Mo.</u>		22c. DATE SIGNED <u>7-Dec-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 18, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>	
24. FUNERAL DIRECTOR <u>Edward E. Annelle</u> <u>Nunnelee Fun. Chapel, Sikeston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Edith Hunter</u>	

+290

DATE RECEIVED JAN 6 1959

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-4

JAN 17 1958  
JAN 29 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, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edward E. Jurek

Licensed Embalmer No. 416

P. O. Address Sibleton,

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.