

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**58-009401**

STATE FILE NUMBER

**FILED MAR 31 1958**

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. 187

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Campbell</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Campbell</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H.B. Rest Home</u> Length of stay in lb <u>7 mo</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Rural 0720</u> d. STREET ADDRESS (If outside, give location) <u>Camp &amp; E of Pike</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) <u>Maggie</u> First <u>Walton</u> Middle <u>Thompson</u> Last		<b>4. DATE OF DEATH</b> <u>Mar 6 - 1958</u> Month <u>Mar</u> Day <u>6</u> Year <u>1958</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED</b> <input checked="" type="checkbox"/> <b>DIVORCED</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1877-3-22</u>
<b>9. AGE</b> (In years last birthday) <u>80-11-14</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min. <u>14</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Work at Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (City and state or country) <u>Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US</u>	
<b>13. FATHER'S NAME</b> <u>Joe Walton</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>384-09-4255</u>	
<b>17. INFORMANT</b> <u>C. F. Thompson</u> Address <u>Fellow No R 1</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Generalized Atherosclerosis &amp; Encephalopathy</u>			<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of Item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m.		491X	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY STATE	
<b>21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.</b>			
<b>22a. SIGNATURE</b> <u>Walter Beasley</u> (Degree or title) <u>MD</u>		<b>22b. ADDRESS</b> <u>Campbell Mo</u>	
<b>22c. DATE SIGNED</b> <u>3-10-58</u>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>3-9-1958</u>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mildred Park Memorial W of Mildred</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Mo</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Thomas E. Knight</u> ADDRESS <u>Mildred Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>3/18/1958</u>	
_____		<b>26. REGISTRAR'S SIGNATURE</b> <u>Walter Beasley</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service, 300-56, 4, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in name of no symptoms when no symptoms were noted. Diseases in Part I must be causally related.

RECEIVED DANIEL COUNTY  
DEPARTMENT 3-25  
COUNTY FILE NUMBER 25

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Thomas C Knight*

Licensed Embalmer No. 21

P. O. Address... *Malden*

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.