

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012835
STATE FILE NUMBER

FILED MAY 12 1959 Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MALDEN 0350 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 613 N. EDWARDS		Length of stay in 1b 9 YRS.	d. STREET ADDRESS (If outside, give location) 613 N. EDWARDS Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE CARROLL WALTON			4. DATE OF DEATH Month Day Year MAY 3 1959
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 9, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY PEPSI COLA CO	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
11a. FATHER'S NAME JOHN WALTON		11b. MOTHER'S MAIDEN NAME BELL WILLIAMS	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12b. SOCIAL SECURITY NO. 412-05-1558	
13a. FATHER'S NAME JOHN WALTON		13b. MOTHER'S MAIDEN NAME BELL WILLIAMS	
14a. NAME OF HUSBAND OR WIFE FREEDA WALTON		14b. ADDRESS MALDEN, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Rheumatic Heart Disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4013			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-27-56 to 5-2-59 and last saw ^{her} alive on 5-1-59 Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wayne Croon MD (Degree or title)		22b. ADDRESS Malden Mo	
22c. DATE SIGNED 5-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-5-59	
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) MALDEN, MO.	
24. FUNERAL DIRECTOR DAY + KNIGHT F.S. MALDEN.		25. DATE RECD. BY LOCAL REG. 5-6-59	
26. REGISTRAR'S SIGNATURE J. J. Schuman			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
COUNTY FILE NUMBER 359-141

YS FEB 25 1980

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 *J. D. Schuman*

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.