THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014195
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 227 Primary Registration District No. 5-805 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Monroe.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.Perry,Mo. — Length of stay in 1b 6Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ralls,
c. CITY OR TOWN Perry,Missouri. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Perry,Mo. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LAURA Middle MAY Last WALTON.
4. DATE OF DEATH Month April Day 29 Year 1959
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb 1,1878
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Monroe Co,Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Goodnight.
14. MOTHER'S MAIDEN NAME Lucy Crigler.
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 Address Mrs Maudie Norman. Perry,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — 1hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of Stomach
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 151X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1,1958 to April 29,59 and last saw her/him alive on 4-29-59
Death occurred at 12:30 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. T. Swan (Degree or title) D.O. 2
22b. ADDRESS Perry,Missouri.
22c. DATE SIGNED 4-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-1-1959
23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.
23d. LOCATION (City, town, or county) (State) Perry,Missouri.

24. FUNERAL DIRECTOR Clyde E. Lucy ADDRESS Perry,Mo
25. DATE RECD. BY LOCAL REG. 5-1-59
26. REGISTRAR'S SIGNATURE J. A. Bamitom M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Clyde C. [illegible]

Licensed Embalmer No.....5

P. O. Address Perry, Mo

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.