

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 5 1959

59-027323

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6676** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		a. STATE Missouri b. COUNTY Warren	
Length of stay in lb		c. CITY OR TOWN Truxton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If outside, give location)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
Lawrence E. Walton			July 15, 1959			

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-13-1917	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
-----------------------	----------------------------------	--	--------------------------------------	-------------------------------------	---------------------------	------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Retail Store	11. BIRTHPLACE (City and state or country) Silex, Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	--	---	--

13a. FATHER'S NAME William Walton	13b. MOTHER'S MAIDEN NAME Elizabeth Colbert	14. NAME OF HUSBAND OR WIFE Alice
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT Alice Walton, Truxton, Mo.	Address
--	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Intra operative abdominal hemorrhage. Massive, arising from splenic vein, accompanied by advance cirrhosis.		
DUE TO (b) Quiescence.		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.) While undergoing operation for carcinoma of stomach at Desloge Hospital on July 15th
---	---	--

20c. TIME OF INJURY Hour 7 a.m. 15 p.m. Month, Day, Year 7 15 59 1959	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hosp	20f. CITY, TOWN, OR LOCATION St Louis Mo.	COUNTY	STATE
---	---	---	--------	-------

21. I attended the deceased from 4:20 P.M. to 7:15 P.M. and last saw her/him alive on _____

22a. SIGNATURE Joseph E. Zuercher (Degree or title) Deputy Registrar	22b. ADDRESS 1500 Oak	22c. DATE SIGNED 7/17/59
--	---------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-18-59	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Olney, Missouri.	(State)
---	-----------------------------	--	--	---------

24. FUNERAL DIRECTOR F. W. Nieburg & Co. Warrenton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. JUL 17 '59	26. REGISTRAR'S SIGNATURE Earl Smith. M.D.
---	---------	---	--

DOCUMENT
MEDICAL CERTIFICATION
AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Elmo R. Sadwell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.