

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000770

FILED VS JAN 13 1961

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Coffey</b>		Length of stay in 1b <b>58 Yrs.</b>	c. CITY OR TOWN <b>Coffey</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ---

3. NAME OF DECEASED (Type of birth) <b>John James Henry Walton</b>			4. DATE OF DEATH Month <b>January</b> Day <b>2</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-29-1875</b>	9. AGE (last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Marion, Virginia</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>James N. Walton</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Overby</b>		14. NAME OF HUSBAND OR WIFE <b>Mamie Walton (Dec'd)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO ---		17. INFORMANT <b>Elwood Walton, Coffey, Mo.</b>

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) <b>Longbone Ln Foot</b>		<b>60 days</b>
DUE TO (b) <b>Patent disease</b>		<b>10 yrs</b>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 checked="" 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.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Gallatin, MO</b>	COUNTY <b>Missouri</b>	STATE
21. I attended the deceased from <b>June 60</b> to <b>1-2-61</b> and last saw <sup>HER</sup> him alive on <b>1-1-61</b> Death occurred at <b>7 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>Floyd E Nelson</b> (degree or title)	22b. ADDRESS <b>Gallatin, MO</b>	22c. DATE SIGNED <b>1-3-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-4-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>
23d. LOCATION (City, town, or county) <b>Gallatin, Missouri</b>		(State)
24. GENERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-10-1961</b>	26. REGISTRAR'S SIGNATURE <b>Viggin Mangelherst</b>

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

JAN 13 1967

2887-1-201

**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 *L. Dickerson*

Licensed Embalmer No. 3302

P. O. Address *Fallston, Md.*

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.