

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 14824

BIRTH NO.		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 4042		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger			
b. CITY (If outside corporate limits, write RURAL and give township) OR Lutesville, Lorange		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR Lutesville		9 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Lutesville, P.O.			
3. NAME OF DECEASED (Type or Print)		a. (First) Zoe		b. (Middle) Alice		c. (Last) Walton	
4. DATE OF DEATH		(Month) May,		(Day) 17		(Year) 49	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 30th 1882	
9. AGE (In years last birthday) 66		10. UNDER 1 YEAR 6 Months		11. UNDER 1 YEAR 13 Days		12. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY House keeper		11. BIRTHPLACE (State or foreign country) Lutesville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William A Phelps		13b. MOTHER'S MAIDEN NAME Wilde		14. NAME OF HUSBAND OR WIFE Monroe Walton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Furr			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Antecedent causes Ascribed conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 17th 49, to 17, 1949, that I last saw the deceased alive on 17, 1949, and that death occurred at 6:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W A Faupel M.D.				23b. ADDRESS Lutesville Mo.		23c. DATE SIGNED 5/18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-th 49		24c. NAME OF CEMETERY OR CREMATORY Slaybaugh Cemetery		24d. LOCATION (City, town, or county) (State) Lutesville, Mo	
DATE REC'D BY LOCAL REG. May 19, 1949		REGISTRAR'S SIGNATURE Willie VanDunbar		25. FUNERAL DIRECTOR'S SIGNATURE A J Baker		ADDRESS Lutesville,	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
No Number 549-69
Date Filed 5-26-6

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
Student Embalmer

Signed

A J Baker

Licensed Embalmer No. 3573

P. O. Address

Lutetaville

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 this body is not embalmed, fact should be so stated above.