

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35433**  
Registrar's No. **8455**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>None</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Mo.</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia 1104</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1309 Wilson 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nan</b> b. (Middle) c. (Last) <b>Walton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9-29-50</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-13-1898</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (State or foreign country) <b>Carban Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Ruben Lawrence</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen James</b>		14. NAME OF HUSBAND OR WIFE <b>Thos J Walton</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thos J Walton Columbia Mo</b>			
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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.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Cervix</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>9-29-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Cervix with metastases to lymph nodes</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>171X</b>	

22. I hereby certify that I attended the deceased from Sept. 26, 1950, to Sept. 29, 1950, that I last saw the deceased alive on Sept. 29, 1950, and that death occurred at 6:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Eugene T. Staudley M.D.</b>		23b. ADDRESS <b>Barnes Hospital, St. Louis</b>	23c. DATE SIGNED <b>9-29-50</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-3-50</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia Mo</b>
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DATE REC'D BY LOCAL REG. <b>OCT 6 1950</b>	REGISTRAR'S SIGNATURE <b>J B Fawcett</b>	25. FUNERAL DIRECTOR'S SIGNATURE, SERVICE ADDRESS <b>Kowland Mortuary, 4204 Manchester Ave. St. Louis 10, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8455

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed..... *Law M. Sigurn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4343*

P. O. Address *Alvina 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 this body is not embalmed, fact should be so stated above.