

FILED MAR 1 1951

STANDARD CERTIFICATE OF DEATH.

State File No. 7212

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

BIRTH NO. 32197-50 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston,		c. CITY (If outside corporate limits, write RURAL and give township) R.F.D. #3 Sikeston	
c. LENGTH OF STAY (In this place) XXXX		d. STREET ADDRESS (If rural, give location) R.F.D. #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Delta Hospital			

3. NAME OF DECEASED (Type or Print) Gennie Lavern Walton			4. DATE OF DEATH (Month) (Day) (Year) Feb., 12 1951		
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant (1)	8. DATE OF BIRTH May 4 1950		9. AGE (In years last birthday) IF UNDER 1 YEAR 0 9 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sikeston, Mo., R.F.D. #3	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Henry Walton		13b. MOTHER'S MAIDEN NAME Virgie Mae Walton		14. NAME OF HUSBAND OR WIFE Infant Child	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXXX XXXX		16. SOCIAL SECURITY NO. XXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Henry Walton, Sikeston, R.F.D.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anesthetic death			INTERVAL BETWEEN ONSET AND DEATH 15 MIN.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5600
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inguinal hernia, right; umbilical hernia since birth			
19a. DATE OF OPERATION 2-12-51		19b. MAJOR FINDINGS OF OPERATION Inguinal hernia, right; umbilical hernia			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **1-29-**, 19**51**, to **2-12-**, 19**51**, that I last saw the deceased alive on **2-12-**, 19**51**, and that death occurred at **9:15 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE William J. Robinson, M.D.		23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 2-26-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-16-51		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		24d. LOCATION (City, town, or county) (State) West Sikeston Mo.	
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DATE REC'D BY LOCAL REG. Feb 26 51		REGISTRAR'S SIGNATURE Mrs Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Redd Smith 1212 Mand St.	
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MAR 1 1957

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 Fred J. Smith.....

Licensed Embalmer No. 4408.....

P. O. Address S. Kinston, 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.