

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32802

State File No. ....

FILED OCT 23 1951

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>281</u>	
1. PLACE OF DEATH a. COUNTY <u>Calcasieu</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hulton</u>		c. LENGTH OF STAY (In this place) <u>6m 2d</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Bondon 0970</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		b. (Middle) <u>-</u>		c. (Last) <u>WALTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1951</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>1873 70</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Walton</u>		13b. MOTHER'S MAIDEN NAME <u>Clive Blue</u>		14. NAME OF HUSBAND OR WIFE <u>AK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>AK</u>		16. SOCIAL SECURITY NO. <u>AK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp #1 Hulton</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) 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 <u>Smile psychosomatic symptoms</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				19. 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)		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 <u>10-2 1951</u> , to <u>10-3 1951</u> , that I last saw the deceased alive on <u>10-3 1951</u> , and that death occurred at <u>9:12</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Caldwell, M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hosp #1 Hulton</u>		23c. DATE SIGNED <u>10-3-51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/1951</u>		24c. NAME OF CEMETERY, OR PLACER <u>Mo. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hulton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilkey</u> ADDRESS <u>Remko</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No.

DISTRICT HEALTH OFFICE

OCT 15 1951

RECEIVED

ALTON

1813 50

*James*

*John*

*John*

JAMES

*James*

*James*

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

*Olyvia C. Wilkey*

Licensed Embalmer No.

*3820*

P. O. Address

*Perry*

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.