

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33349**

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **520**

04220

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Central Hotel		d. STREET ADDRESS (If rural, give location) Central Hotel	

3. NAME OF DECEASED (Type or Print) a. (First) Stella	b. (Middle) Blanch	c. (Last) Walton	4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Sept. 18, 1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Day 20	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Johnson County, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U S A.
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13a. FATHER'S NAME Jesse Marr	13b. MOTHER'S MAIDEN NAME Jane Cecil	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Maude Murphy, Clinton, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hrs 3 1/4
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-8**, 1951, to **10-8**, 1951, that I last saw the deceased alive on **10-8**, 1951, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Walker, M.D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 10-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 9, 51	24c. NAME OF CEMETERY OR CREMATORY Cornelia Cemetery	24d. LOCATION (City, town, or county) (State) Johnson Co. Mo.
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DATE REC'D BY LOCAL REG Oct-10-51	REGISTRAR'S SIGNATURE Florence Adair	25. EMERALD DIRECTOR'S SIGNATURE H. A. Gausant, Clinton, Mo	ADDRESS
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RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed OCT 15 1951

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. Sansant

Licensed Embalmer No.

3779

P. O. Address

Clinton

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.