S. No. 300
v. 10.48

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

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

511

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (in this place): 2 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1500 HILL ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: CAPE GIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU MO
d. STREET ADDRESS (If rural, give location): 1500 HILL ST.

0164 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): TAYLOR FRANKLIN WALTON

4. DATE OF DEATH (Month) (Day) (Year): 1 24 52

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 5-9-18[illegible]
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): SALEM MO O
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: GEORGE W. WALTON
13b. MOTHER'S MAIDEN NAME: KATIE BROWN
14. NAME OF HUSBAND OR WIFE: MAGGIE WALTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: W. Walton Chaffee Mo — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac hypertrophy, — 2
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Gen anasarca — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4343
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 18th *1951, to* 1/24/ *, 1952, that I last saw the deceased alive on* 1/22/ *, 1952, and that death occurred at* 7:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. B. Schulz M.D.
23b. ADDRESS: 605 Broadway Cape Girardeau Mo
23c. DATE SIGNED: 1/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-52
24c. NAME OF CEMETERY OR CREMATORY: Union Park Cem
24d. LOCATION (City, town, or county) (State): CHAFFEE MO

DATE REC'D BY LOCAL REG.: 2-4-52
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STUBBS FUNERAL HOME CHAFFEE MO

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Loring

Licensed Embalmer No. 3810.

P. O. Address Cape Girardeau, 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.