

FILED MAR 11 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4398

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5297 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give town) Holt, Jackson, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Holt	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 1250	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) Louisa	b. (Middle) Floy	c. (Last) Walton	4. DATE OF DEATH (Month) (Day) (Year) Feb 29 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 5 1991	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid from birth	10b. KIND OF BUSINESS OR INDUSTRY Invalid	11. BIRTHPLACE (State or foreign country) Clinton Co Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME George Walton	13b. MOTHER'S MAIDEN NAME Louisa Holt	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Taylor	ADDRESS Holt Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension with chronic myocarditis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Pains as a child		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4201 C	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Holt Mo.
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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? _____
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22. I hereby certify that I attended the deceased from _____, 1958, to Feb. 29, 1952, that I last saw the deceased alive on Feb. 29, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

23a. SIGNATURE Edna Buelaner M.D. (Degree or title)	23b. ADDRESS Lawson Missouri	23c. DATE SIGNED Mar. 1, 52
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24a. BURIAL - CREMATION (Specify) Burial	24b. DATE Mar 2-52	24c. NAME OF CEMETERY OR CREMATORY Anteroch Cemetery	24d. LOCATION (City, town, or county) (State) near Holt
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DATE REC'D BY LOCAL REG. Mar 5-1952	REGISTRAR'S SIGNATURE Elizabeth Shearer	25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry	ADDRESS Kearney
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(Licensed Embalmer's Statement on Reverse Side)

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

250

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

Leonard Fry

Signed.....
Student Embalmer

Licensed Embalmer No. *1677*

P. O. Address *Holt 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.