

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17069

FILED MAY 17 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5609</u>		Registrar's No. <u>9</u>				
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Latour</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Latour Rosehill Tw p.</u>		d. STREET ADDRESS (If rural, give location) <u>0500</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXX</u>				d. STREET ADDRESS (If rural, give location) <u>XXXXX</u>						
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)			b. (Middle) <u>LAFAYETTE</u>		c. (Last) <u>WALTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 21, 1865</u>		9. AGE (In years last birthday) <u>87</u> # UNDER 1 YEAR Months <u>2</u> Days <u>22</u> # UNDER 12 HRS. <u>Min.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway Co., Ky. /</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Tom Walton</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Lizza Cherry</u>			14. NAME OF HUSBAND OR WIFE <u>Elsie Maxine Walton</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Walton</u>				ADDRESS <u>Latour, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>Gen Arteriosclerosis</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>						20. 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) (Min.)		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>May 15, 1952</u> to <u>May 13, 1952</u> , that I last saw the deceased alive on <u>May 11, 1952</u> and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u>				23b. ADDRESS <u>Holden Mo</u>			23c. DATE SIGNED <u>5/13/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moran, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>5-13-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. James Redler</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp</u>		ADDRESS <u>Holden, Mo.</u>			

RECEIVED
MAY 13 1952
NEGATIVE
JOHNSON COUNTY HEALTH DEPT.

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. ~~3434~~

Signed.....
Student Embalmer

Signed *W. J. Canada*

Licensed Embalmer No. 3434

P. O. Address *Golden 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.