

FILED JUL 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19626**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5725** Registrar's No. **261**

0610

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

1. PLACE OF DEATH a. COUNTY Macon, Macon County, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Ohio b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon, Hudson Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rocky River, Ohio	
d. FULL NAME OF HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium		d. STREET ADDRESS (If rural, give location) 21713 West Lake Road	

3. NAME OF DECEASED (Type or Print) Edward N. Walton		a. (First) _____ b. (Middle) _____ c. (Last) Walton		4. DATE OF DEATH (Month) (Day) (Year) June 22 1954	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31 1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Sales manager		11. BIRTHPLACE (City and State or Foreign Country) Plainwell, Michigan	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Ferry Walton, Ferry		13b. MOTHER'S MAIDEN NAME Sarah Young		14. NAME OF HUSBAND OR WIFE Florence D. Walton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 273-32-4433		17. INFORMANT'S SIGNATURE OR NAME Richard A. Freshwater (son-in-law) ADDRESS above 10	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure		DUE TO (b) coronary thrombosis		immediate	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) arteriosclerosis		few minutes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				indefinite	

19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **May 27, 1953**, to **June 22, 1954**, that I last saw the deceased alive on **June 22, 1954**, and that death occurred at **9:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry J. Still (Degree or title) Dr.		23b. ADDRESS Macon, Missouri		23c. DATE SIGNED June 22, '54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/23/1954		24c. NAME OF CEMETERY OR CREMATORY Lakewood Cem.	
24d. LOCATION (City, town, or county) (State) Rocky River, Ohio		25. FUNERAL DIRECTOR'S SIGNATURE P. Lesker ADDRESS Macon, Mo.			
DATE REC'D BY LOCAL REG. 6/28/54		REGISTRAR'S SIGNATURE Ruth McNeely		185	

1956 JUL 29 700 1954

7.2.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 754119
Date Filed 7.7.54

JUL 29 1954



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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Macon, 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.