

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39826

State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4481 Registrar's No. 53

990

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

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gorin, Mo</u>	c. LENGTH OF STAY (in this place) <u>13 yrs</u>	c. CITY OR TOWN <u>Gorin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Early</u> b. (Middle) <u>Albert</u> c. (Last) <u>Walton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21st 1954</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>Apr. 4, 1883</u>	9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Months <u>7</u> Days <u>17</u> if UNDER 2 HRS. Hours <u>17</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Satinery Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe line pumping co. Garden City Kansas</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Garden City Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>

13a. FATHER'S NAME <u>Charles Walton</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Crystal</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Crystal Walton</u>
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Walton Gorin, Mo.</u>

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) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>arterosclerosis</u> DUE TO (c) <u>Chronic prostatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>10 years</u> <u>2 years</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>4221 Gorin Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1942 to Nov. 21, 1954, that I last saw the deceased alive on Nov. 21, 1954, and that death occurred at 16:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C.M. Simler D.O.</u>	23b. ADDRESS <u>Gorin, Mo.</u>	23c. DATE SIGNED <u>Nov. 27, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gorin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gorin Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12/8/54</u>	REGISTRAR'S SIGNATURE <u>Cern G. Turner</u>	476-91	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo V. Bassett, Myacoma, Mo</u>
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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.....
Signature of Student Embalmer

Signed.....
George V. Baskett
Licensed Embalmer No. 181

P. O. Address.....
Wyscond

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.