

FILED JAN 30 1956

STANDARD CERTIFICATE OF DEATH

State File No.

2155

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 62

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|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u> | | c. CITY OR TOWN <u>Maryville</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>10 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>303 West Second</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 West Second</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) _____ c. (Last) <u>WALTON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 23 56</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>2/4/83</u> | | 9. AGE (In years last birthday) <u>72</u> | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS. _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>London England</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Thomas Walton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Clara Hodge</u> | | 14. NAME OF HUSBAND OR WIFE <u>Laura Royer Walton, dec.</u> | |
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| 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>491-30-1406</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Morris Walton, Savannah, Missouri</u> | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocardiosis</u> DUE TO (c) <u>to mitral stenosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</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"/> | |
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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) | |
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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 July, 1955 to Jan. 23, 1956, that I last saw the deceased alive on 7-1, 1955, and that death occurred at 11 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>M. D.</u> | | 23b. ADDRESS <u>Maryville, Missouri</u> | | 23c. DATE SIGNED <u>1/26/56</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>1/26/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Groves</u> | | 24d. LOCATION (City, town, or county) (State) <u>Graham, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>1-28-56</u> | | REGISTRAR'S SIGNATURE <u>Miss Holt</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Clem M. Price.....

Licensed Embalmer No. 1822

P. O. Address Manville,

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.