

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3413**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY OR TOWN <b>St. Louis, Mo.</b>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Belgrade</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>--</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>L.</b> c. (Last) <b>Walton</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 4, 1956</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 3, 1872</b>	<b>9. AGE</b> (In years last birthday) <b>84</b>	<b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 2 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Shirley, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>

<b>13a. FATHER'S NAME</b> <b>Joseph Kirby</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Maude Skaggs</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John G. Walton</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Nil.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Merlyn Turner, Belgrade, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>1-2 yrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Complete Heart Block</b>		
	<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>DUE TO (b) Adams Stokes Disease</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>433.0</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from March 29, 1956, to April 4, 1956, that I last saw the deceased alive on April 4, 1956, and that death occurred at 1:50A, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>FR Pender</b>	(Degree or title) <b>M. D.</b>	<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>	<b>23c. DATE SIGNED</b> <b>4/4/56</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>4-4-56</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bryan Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Belgrade, Missouri.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>APR 5 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith MD</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	<b>ADDRESS</b> <b>4700 Washington,</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

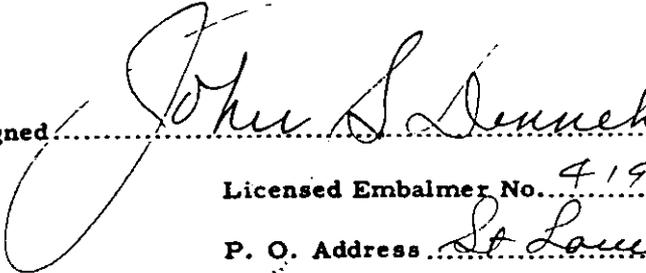
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**STATEMENT BY LICENSED EMBALMER**

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  .....  
Licensed Embalmer No. 419 .....  
P. O. Address St. Louis .....

**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.