

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27199

FILED SEP 11 1956

STATE FILE NUMBER  
3670

60460-56 Registration District No. <u>149</u> Primary Registration District No. <u>1001</u> Registrar's No.			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Rural Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b> Length of stay in hospital <b>12 hrs</b>		d. STREET ADDRESS <b>9229 Askew</b> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Brian Dale Walton</b>		4. DATE OF DEATH <b>8-20-1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-19-1956</b>
9. AGE (In years last birthday) <b>10</b>		IF UNDER 1 YEAR <b>10</b> Months <b>0</b> Days <b>0</b> Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during major part of life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baby</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City Missouri</b>
12. CITIZEN OF WHAT COUNTRY? / <b>U.S.A.</b>		13. FATHER'S NAME <b>Edgar W. Walton Jr</b>	
14. MOTHER'S MAIDEN NAME <b>Letty Lou Naziworthy</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give year or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Edgar W Walton Jr</b> Address <b>9229 Askew St.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diffuse cerebral petechiae</b> (b) <b>Malformation of both parietal bones</b> (c)			INTERVAL BETWEEN ONSET AND DEATH <b>17 hrs</b>  <b>7531</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY <b>19</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>8-20-56</b> to <b>8-20-56</b> and last saw <b>him</b> alive on <b>8-20-56</b> . Death occurred at <b>5:59 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. R. Lyndon</b> (Name or title)		22b. ADDRESS <b>1027 E 75, A. C. No 8-156</b>	
22c. DATE SIGNED		23a. BURIAL, CREMATION, BURNING (Specify) <b>Burial</b>	
23b. DATE <b>8-22-1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Jackson County Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>France-Wornall Funeral Home</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>8-21-56</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Russell N. Fran*.....

Licensed Embalmer No. *42*

P. O. Address *K.C.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.