

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015234
State File No. 217

FILED MAY 5 1958

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived at institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>				c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 West Pettis</u>				e. STREET ADDRESS (If rural, give location) <u>106 W Pettis</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Willis</u>		b. (Middle)		c. (Last) <u>Walton</u>	
4. DATE OF DEATH		(Month) <u>5</u> (Day) <u>-1</u> (Year) <u>1958</u>		5. SEX <u>3</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-16-1862</u>		9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ottumwa mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Willis Dorton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Dorton</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Walton</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>332X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Pointe</u> ADDRESS <u>Sedalia 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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)		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>3-10-1958</u> , to <u>5-1-1958</u> , that I last saw the deceased alive on <u>3-1-58</u> , 19 <u>58</u> , and that death occurred at <u>3:30 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Reynolds, M.D.</u>				23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>5/2/58</u>	
24a. DATE <u>5-3-1958</u>		24b. NAME OF CEMETERY OR CREMATORY <u>Int. Monah</u>		24c. LOCATION (City, town, or county) (State) <u>Pleasant Green mo</u>		24d. DATE REC'D BY LOCAL REG. <u>5-2-58</u>	
24e. REGISTRAR'S SIGNATURE <u>Tracy Shelly</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Green</u>		24g. ADDRESS		24h. (Licensed Embalmer's Statement on Reverse Side)	

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

0804

5-4-1-58
5-1-58
Geo. Green

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. 422

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