

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006671

STATE FILE NUMBER

FILED MAR 13 1959

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>1 mi N of City</u>			Length of stay in lb <u>23 yrs</u>		d. STREET ADDRESS <u>Rt 1 - Bx 288</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>John William Walton</u>				4. DATE OF DEATH <u>Mar 2 - 1959</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 3 - 1935</u>		9. AGE (In years last birthday) <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming &amp; Construction (Pipe Line)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>(Pipe Line)</u>		11. BIRTHPLACE (City and state or country) <u>Parkville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>John W Walton</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Deering</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-40-5330</u>		17. INFORMANT <u>Mrs Elizabeth Deering Parkville</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Electrical shock</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>6</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>		
20a. ACCIDENT <input checked="" 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.) <u>Holding pipe which was attached to crane by wire rope. Crane had electric wire</u>							
20c. TIME OF INJURY <u>11:30 a.m. Mar 2 1959</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Parkville, Platte Mo</u>							
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Parkville, Platte Mo</u>							
21. I attended the deceased from <u>Mar 2, 1959</u> to <u>Mar 7, 1959</u> and last saw him alive on <u>Mar 7</u> Death occurred at <u>11:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>H P Thurman</u>				22b. ADDRESS <u>11 Elm Parkville, Mo</u>		22c. DATE SIGNED <u>3-4-59</u>			
23a. MANNER OF CREMATION <u>Burial</u>		23b. DATE <u>Mar 5-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>			
24. FUNERAL DIRECTOR <u>Leland H Francis</u>				25. DATE RECD. BY LOCAL REG. <u>Mar 5, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Alphie Roelms</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare and Public Service  
 000-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes.

VS MAR 1 1933

APR 2 8 1933



STATEMENT BY LICENSED EMBALMER

MAR 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Haddon C. Francis, Student Embalmer No. .... working under my personal supervision..

Student [Signature]  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 34

P. O. Address Parkville

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.