

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009192
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 79

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY HENRY	
b. CITY OR TOWN Honey Creek Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Urich 0420 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 7 1/2 N.W. CLINTON Length of stay in 1b DOA		d. STREET ADDRESS (If outside, give location) 2 mi West Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Franklyn Last Walton			4. DATE OF DEATH Month APRIL Day 1 Year 1959
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 9, 1940
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM WORK	11. BIRTHPLACE (City and state or country) GALLATIN, Mo.
13a. FATHER'S NAME CHESTER WALTON		13b. MOTHER'S MAIDEN NAME ESTER TARWATER	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes July to Dec. 1958		16. SOCIAL SECURITY NO. 487-44-3006	17. INFORMANT Chester Walton, Urich, Mo. R.R. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Automobile Accident - Fractured fractured mandible. Right lower leg fractured both bones. Fractured left femur and left lower leg			INTERVAL BETWEEN ONSET AND DEATH Instant
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 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.) Collision of 1959 Ford (driven by deceased) with 1955 Cadillac		
20c. TIME OF INJURY Hour 7:30 p.m. Month, Day, Year 4-1-1959	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 1/2 mi West of Clinton Hwy. 35.		20f. CITY, TOWN, OR LOCATION Honey Creek Twp Henry, Mo. COUNTY 042 STATE	
21. I attended the deceased from no medical attendant and last saw her alive on _____ Death occurred at approx 7:30 pm 4-1-59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Bradshaw, MD. (Degree or title) Henry Co. Coroner		22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 4-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-2-1959	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.	23d. LOCATION (City, town, or county) (State) GALLATIN, Mo.
24. FUNERAL DIRECTOR H. L. Laurant, Clinton, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-2-59	26. REGISTRAR'S SIGNATURE Mildred Bigum

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1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *H. A. Vansant*

Licensed Embalmer No. *3779*
P. O. Address *Clinton,*

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.