

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020697
STATE FILE NUMBER

8
FILED JUL 10 1959

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 16

S. 300
1-57

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1. PLACE OF DEATH a. COUNTY Christian			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Finley Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Nixa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Rest Home-5 mos.		Length of stay in 1b	d. STREET ADDRESS no street address		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM CHRISTOPHER WALTON			4. DATE OF DEATH June 20, 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 March 29, 1871	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY - -	11. BIRTHPLACE (City and state or country) Pulaski Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME W. C. Walton, Sr.		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Spoon		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Millie Thompson, Nixa, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure, Decompensated Cor Pulmonale				INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		DUE TO (b) Embolic Pulmonary infarction		3-4 days	
		DUE TO (c) Fracture of left hip		1 week	
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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE Nixa, Missouri	
21. I attended the deceased from 6/17/59 , to 6/19/59 and last saw ^{her} him alive on 6/19/59 Death occurred at 10:55 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Vincent P. McCormick D.O.			22b. ADDRESS Crook, Mo.		22c. DATE SIGNED 6/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/23/1959	23c. NAME OF CEMETERY OR CREMATOR Glenn Cemetery		23d. LOCATION (City, town, or county) (State) Nixa, Missouri
24. FUNERAL DIRECTOR Glenn Harris		ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. July 2, 1959	26. REGISTRAR'S SIGNATURE Loretta Leonard	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
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 *J. Leam Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, 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.