

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039230

FILED VS. DEC 8 1959 53

Primary Registration District No. 3010 Registrar's No. 441

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Length of stay in 1b <i>4 days</i>	c. CITY OR TOWN <i>Chaffee</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cape Cateogathic Hosp</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>417 W. Yoakum</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>LAURA</i> Middle <i>BELL</i> Last <i>WALTON</i>			4. DATE OF DEATH Month <i>Nov</i> Day <i>20</i> Year <i>1959</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>May 25, 1886</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>26</i>	IF UNDER 24 HR Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (City and state or country) <i>Kewisville Ky.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Chas. H. Ross</i>	13b. MOTHER'S MAIDEN NAME <i>Aletha Gates</i>	14. NAME OF HUSBAND OR WIFE <i>B. Walton</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>B. Walton</i> Address <i>Chaffee, Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Shock</i>		<i>3 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Diabetes Mellitus, uncontrolled</i>	<i>2 years</i>
	DUE TO (c) <i>Trauma - Fracture right hip</i>	<i>3 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) <i>Fell in home.</i>
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20c. TIME OF INJURY Hour <i>7:00</i> a.m. <i>PM</i> Month, Day, Year <i>11 17 59</i>
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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.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Chaffee</i> COUNTY <i>Scott</i> STATE <i>Missouri</i>
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21. I attended the deceased from *1954* to *1959* and last saw her *alive* on *November 20, 1959*
 Death occurred at *4:45* P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>W. H. Hehner M.D.</i>	22b. ADDRESS <i>243 W. Yoakum, Chaffee, Mo.</i>	22c. DATE SIGNED <i>11/25/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11/22/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Union Park Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Chaffee, Missouri</i>
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24. FUNERAL DIRECTOR <i>Birplinghoff Funeral Home</i> ADDRESS <i>Chaffee Mo</i>	25. DATE RECD. BY LOCAL REG. <i>12-1-1959</i>	26. REGISTRAR'S SIGNATURE <i>Irma Kasten</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.