

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006022

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 098 Primary Registration District No. \_\_\_\_\_ Registrar's No. 74

**FILED MAR 14 1962**

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Daviess</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Daviess</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Gallatin</u>  |  | Length of stay in 1b<br><u>Life</u>   | c. CITY OR TOWN <u>Gallatin</u> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>--- |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br>---<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Mattie</u> Middle <u>Bell</u> Last <u>Walton</u> |  |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>1</u> Year <u>1962</u> |  |  |
|--|--|--|--|--|--|

|                         |                                  |   |                                      |                                     |  |  |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>Negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8-21-1883</u> | 9. AGE (last birthday)<br><u>78</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|

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|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Gallatin, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
|---|--|---|---|

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|--|---|---|
| 13a. FATHER'S NAME<br><u>Samuel Walker</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah (Unknown)</u> | 14. NAME OF HUSBAND OR WIFE<br><u>James Wade Walton</u> |
|--|---|---|

|   |  |  |
|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT<br><u>James W. Walton, Gallatin, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Suffocation by Smoke</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Immediate</u> |
| DUE TO (b) <u>Trapped in Burning Building</u>   |  |  |
| DUE TO (c) _____  |  |  |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

|   |  |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>Trapped in her home which caught fire</u> |
|---|--|--|

|   |                    |
|---|--------------------|
| 20c. TIME OF INJURY<br><u>11</u> Hour <u>3-1-62</u> Month, Day, Year<br><u>3-1-62</u> | from unknown cause |
|---|--------------------|

|   |   |   |                          |                          |
|---|---|---|--------------------------|--------------------------|
| 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.)<br><u>Home</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Gallatin</u> | COUNTY<br><u>Daviess</u> | STATE<br><u>Missouri</u> |
|---|---|---|--------------------------|--------------------------|

21. I attended the deceased from At Death to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 11 A. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                    |                                     |
|---|------------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><i>M. C. Johnson</i> (Degree or title)<br><u>Daviess County Coroner</u> | 22b. ADDRESS<br><u>Watauga Mo.</u> | 22c. DATE SIGNED<br><u>3-1-1962</u> |
|---|------------------------------------|-------------------------------------|

|  |                              |   |  |
|--|------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>3-4-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Brown Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Gallatin, Missouri</u> |
|--|------------------------------|---|--|

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| 24. FUNERAL DIRECTOR<br><u>Hope Funeral Home, Gallatin, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>8th March 1962</u> | 26. REGISTRAR'S SIGNATURE<br><i>Reginald Engelhardt</i> |
|---|---|---|

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

JUN 12 1962

MAR 16 1962

**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 L. O. Richesson

Licensed Embalmer No. 3301

P. O. Address Galatia, T

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.