

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH No. 18

-62-019946

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED MAY 25 1962

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 51

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10860
29350

3
4 0
5 1
6
7 9
8 2
9 861 X
10 39
11 086
12 291-3
13 1-0

DATE AMENDED	6/1/62
6/1/62	
6/1/62	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
INSTEAD OF	Klinger
	Louis
	WESTON
SHOULD READ	Klinger Street
	Lewis
	Gilmer County
BY AFFIDAVIT OF Informant	

1. PLACE OF DEATH a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - Union Twp.</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Oklahoma</u> b. COUNTY <u>Harper</u> c. CITY OR TOWN <u>Laverne</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>826 Kilinger Klinger St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clifford</u> Middle <u>Louis Lewis</u> Last <u>Walton</u>		4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>8/4/28</u>
9. AGE (last birthday) <u>33</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Line Superintendent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation Natural Gas</u>	11. BIRTHPLACE (City and state or country) <u>United States</u>
12. CITIZEN OF WHAT COUNTRY <u>United States</u>		13a. FATHER'S NAME <u>Simon Walton</u>	
13b. MOTHER'S MAIDEN NAME <u>Betty Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Willa Jean</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>3/21/46--1/20/48</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>J.M. Anderson Jackson Tenn</u>		Address <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Injuries</u> DUE TO (b) <u>from plane crash</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input 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.) <u>Crash of Continental Flight 11</u>	
20c. TIME OF INJURY Hour <u>9:45</u> p.m. Month, Day, Year <u>5/22/62</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On farm</u>	
20e. CITY, TOWN, OR LOCATION <u>Union Twp. Putnam County</u>		STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas. L. Judd</u>		22b. ADDRESS <u>Unionville Mo</u>	
22c. DATE SIGNED <u>5/24/62</u>		22d. STATE <u>Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-24-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Gray S. C. Co. Jr.</u>		23d. LOCATION (City, town, or county) <u>Gilmer County, West Virginia</u>	
24. FUNERAL DIRECTOR <u>Walter L. Johnson</u>		25. DATE RECD. BY LOCAL REG. <u>5-24-62</u>	
ADDRESS <u>Centerville, W. Va.</u>		26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

VS MAY 25 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

Hugh J. Johnson

Licensed Embalmer No.

3487

P. O. Address

Dunwoody, Ga

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.