

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5443

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus Rural, Joachim		c. LENGTH OF STAY (In this place) 9 months	c. CITY OR TOWN Festus - Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rosehill Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) R. F. D. # 1		0500	

3. NAME OF DECEASED (Type or Print) Chris	a. (First)	b. (Middle)	c. (Last) Walton	4. DATE OF DEATH (Month) (Day) (Year) Feb 29 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 15, 1869	9. AGE (In years last birthday) 86/2/14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Gen. Building	11. BIRTHPLACE (City and State or Foreign Country) St. Francis County Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME James N. Walton	13b. MOTHER'S MAIDEN NAME Elizabeth Hampton	14. NAME OF HUSBAND OR WIFE Mary M. Sumner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minerva Creel
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1955, to Feb 18, 1956, that I last saw the deceased alive on Feb 8, 1956 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. Bolgar, MD	23b. ADDRESS	23c. DATE SIGNED 3/1/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/2/56	24c. NAME OF CEMETERY OR CREMATORY Christian Cemetery
24d. LOCATION (City, town, or county) Festus., Mo.		(State)

DATE REC'D BY LOCAL REG. 3-2-56	REGISTRAR'S SIGNATURE	502	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
3-2-56			Wingard Funeral Home, Inc	Festus, Mo

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 7 1956

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 *Keith B. Vinson* .....

Licensed Embalmer No. *4976* .....

P. O. Address *Fleetus, 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.