

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16201**
232146
Registrar's No. **1002**

BIRTH NO. 0248		REG. DIST. NO. 72		PRIMARY REG. DIST. NO. 1002	
1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE CALIFORNIA b. COUNTY LOS ANGELES		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.		c. LENGTH OF STAY (in this place) Few Minutes	c. CITY (If outside corporate limits, write RURAL and give township) LOS ANGELES		8040
d. FULL NAME OF HOSPITAL OR INSTITUTION MUNICIPAL AIRPORT			d. STREET ADDRESS (If rural, give location) 10591 BLYTHE AVE		
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) B	c. (Last) WALKER	4. DATE OF DEATH (Month) (Day) (Year) May 20 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH OCT-30-1912	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Month 6 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Car Industry	11. BIRTHPLACE (State or foreign country) NEW YORK CITY NEW YORK		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME SAMUEL WALKER		13b. MOTHER'S MAIDEN NAME SADIE UNKNOWN	14. NAME OF HUSBAND OR WIFE MRS. EDITH WALKER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. EDITH WALKER 10591 BLYTHE AVE LOS ANGELES CALIFORNIA		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE B. C. Campbell		23b. ADDRESS 116 Bethel Memorial Park Cem	23c. DATE SIGNED 5-20-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 20 1950	24c. NAME OF CEMETERY OR CREMATORY BETHEL MEMORIAL PARK CEM	24d. LOCATION (City, town, or county) (State) LOS ANGELES, CALIFORNIA		
DATE REC'D BY LOCAL REG. May 20 - 1950	REGISTRAR'S SIGNATURE Buelah Kitchener		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Newcomer's Sons 832 ARMOUR ROAD NORTH KANSAS CITY, MO		

(Licensed Embalmer's Statement on Reverse Side)

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

Filed 3-2-50
By Evelyn Adams

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
Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address Box 47 Woodale

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 this body is not embalmed, fact should be so stated above.