S. No. 300
v. 10-48

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12857

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1469

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 45 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 1058
d. STREET ADDRESS (If rural, give location): 4225 LOCUST STREET

3. NAME OF DECEASED (Type or Print)
a. (First): CLAYTON
b. (Middle): H.
c. (Last): WALKER SR.

4. DATE OF DEATH (Month) (Day) (Year): APRIL 2-1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: NOV-9-1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY + REGISTRAR
10b. KIND OF BUSINESS OR INDUSTRY: SCOTTISH RITE BODIES
11. BIRTHPLACE (State or foreign country): WALTON, KANSAS 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HIRAM H. WALKER
13b. MOTHER'S MAIDEN NAME: KATE REXROAD
14. NAME OF ~~HUSBAND~~ OR WIFE: MRS. ALMA WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 486-07-4238
17. INFORMANT'S SIGNATURE OR NAME: MRS. ALMA WALKER — ADDRESS: 4225 LOCUST ST. KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Sclerosis — 8 months
DUE TO (c): Terminal Ventricular Fibrillation — 3 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-31, 1951, *to* 4-2, 1951, *that I last saw the deceased alive on* 4-2, 1951, *and that death occurred at* 7:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Graham Asher MD (Degree or title): Graham Asher MD
23b. ADDRESS: 1220 Professional Bldg.
23c. DATE SIGNED: 4-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL II
24b. DATE: APR-4-1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~: MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 4-4-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.H. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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 this body is not embalmed, fact should be so stated above.