

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33922

State File No. 4326

FILED OCT 27 1951

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 30yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION IN AMBULANCE ON WAY TO ST. MARYS		d. STREET ADDRESS (If rural, give location) 2604 GUINOTTE	
3. NAME OF DECEASED a. (First) VERNUM b. (Middle) E. c. (Last) WALBURN		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 9-1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 24-1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN	11. BIRTHPLACE (State or foreign country) INDIANA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY MO. PACIFIC	11. BIRTHPLACE (State or foreign country) INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME IRA E. WALBURN	
13a. FATHER'S NAME IRA E. WALBURN		13b. MOTHER'S MAIDEN NAME MARY JANE FAYINGER	
14. NAME OF HUSBAND OR WIFE MARLENE E. WALBURN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. 702-14-5974		17. INFORMANT'S SIGNATURE OR NAME MARLENE E. 2604 GUINOTTE. ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH minutes		19d. years 43X	
19e. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		19f. _____	
20. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21a. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21b. _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		21f. _____	
22. I hereby certify that I attended the deceased from 1946 , 19____, to Oct. 3, 51 , 19____, that I last saw the deceased alive on Oct. 3, 1951 , and that death occurred at 5:50 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Leo A. O'Brien, M.D. (Degree or title)		23b. ADDRESS 1002 Argyle Building Kansas City, Missouri	
23c. DATE SIGNED Oct. 9, 1951		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Oct. 12-1951	
24c. NAME OF CEMETERY OR CREMATORY LE ROY		24d. LOCATION (City, town, or county) (State) HASTINGS NEBRASKA	
DATE REC'D BY LOCAL REG. 10-10-51		REGISTRAR'S SIGNATURE Seraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE C. H. BLACKMAN + SON INC. ADDRESS K.C. MO.		25. _____	

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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.....

Bert B. Bennett

Licensed Embalmer No. *4656*

P. O. Address *Kansas City, 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.