

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5690 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Yellow-Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Yellow-Creek Twp</u>	
c. LENGTH OF STAY (in this place) <u>60y</u>		d. STREET ADDRESS (If rural, give location) <u>0590</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>WALSH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr - 5 - 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan - 2 - 1897</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Linn Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	13. IF UNDER 1 YEAR

13a. FATHER'S NAME <u>George Walsh</u>	13b. MOTHER'S MAIDEN NAME <u>Margt M. Mahon</u>	14. NAME OF HUSBAND OR WIFE <u>George Walsh</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kevin Walsh</u>
		ADDRESS <u>Brookfield Mo</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Genitourinary tuberculosis</u> - <u>10 years</u> DUE TO (c) <u>Sclerosis</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 on arrival, to 19, that I last saw the deceased alive on 19, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.W. Robinson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>211 Linn Brookfield Mo</u>	23c. DATE SIGNED <u>4/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr - 8 - 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael Bern</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-10-52</u>	REGISTRAR'S SIGNATURE <u>Madison Stanback</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u>	ADDRESS <u>Brookfield Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0580
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VS JUN 7 1980

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 J. A. Blacklock

Licensed Embalmer No. 2346

P. O. Address Brookfield 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.