

20717

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2906

No. 300
10.48

MADE JUL 5 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No.

3
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 MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 6 YRS		d. STREET ADDRESS (If rural, give location) 39TH & MAIN MONTROSE HOTEL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 919 OAK			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) GRATON c. (Last) WALKER		4. DATE OF DEATH (Month) (Day) (Year) 6 25 52	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.	8. DATE OF BIRTH OCT 2 10 1890
9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN	10b. KIND OF BUSINESS OR INDUSTRY Rug Co.	11. BIRTHPLACE (State or foreign country) TOPEKA KANS
13a. FATHER'S NAME MICHAEL WALL		13b. MOTHER'S MAIDEN NAME ELLA MARSHALL	14. NAME OF HUSBAND OR WIFE GRACE B WALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 509-01-6897	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GRACE B WALL 522 JUNIPER DR	
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) Cause of death unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Post Refused	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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 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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Hugh M. OWENS (Degree or title)		23b. ADDRESS 1034 Riata Bldg.	23c. DATE SIGNED 6-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) REM	24b. DATE 6-25-52	24c. NAME OF CEMETERY OR CREMATORY MT CALVARY	24d. LOCATION (City, town, or county) (State) TOPEKA KANS
DATE REC'D BY LOCAL REG. 6-26-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE SEBETOS	ADDRESS K.C. 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

John R. Bidman

Licensed Embalmer No. 4531

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.