

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31908

State File No.

4094

FILED OCT 4 1952

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINCOLN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WINFIELD 0570</u>		d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ON TRAIN AT UNION STATION</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAE</u> b. (Middle) <u>ORIAN</u> c. (Last) <u>WALCOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>W</u> <u>52</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>NOV 13 1909</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 1 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CARMENT IND</u>	11. BIRTHPLACE (State or foreign country) <u>ANNADA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>
13a. FATHER'S NAME <u>J.T. CLINE</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA JAMISON</u>		14. NAME OF HUSBAND OR WIFE <u>GEO WALCOTT</u>	
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. <u>493-09-5699</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GEO WALCOTT WINFIELD 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death by Sab. Excess</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(a) Acute Coronary occlusion</u> DUE TO (c) <u>Sab. Analysis negative for</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Barbiturate + alkaloids</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" 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) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21H. 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 <u>Geo. C. Kealhofer</u> (Degree or title) _____			23b. ADDRESS <u>4050 Bealbert Ave</u>		23c. DATE SIGNED <u>9-16-52</u>
24a. BURIED CREMATION (Specify) <u>II</u>	24b. DATE <u>9-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WINFIELD CEM</u>	24d. LOCATION (City, town, or county) (State) <u>WINFIELD, MO</u>		
DATE REC'D BY LOCAL REG. <u>9-16-52</u>	REGISTRAR'S SIGNATURE <u>Seralding Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SERBETO'S</u>		ADDRESS <u>CITY</u>

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 6 1952

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. Sidman

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.