

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35239**
4648

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4648</u>	
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. LENGTH OF STAY (in this place) 10 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION line on Sidewalk				d. STREET ADDRESS (If rural, give location) 416 West 35th St.			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER			b. (Middle) J.			c. (Last) SYLVESTER	
4. DATE OF DEATH (Month) (Day) (Year) 10 20 52		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 4, 1896		9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Hardware store	
11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Sylvester			13b. MOTHER'S MAIDEN NAME Mary Feldman			14. NAME OF HUSBAND OR WIFE Theresa Sylvester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW I		16. SOCIAL SECURITY NO. 486-07-0634		17. INFORMANT'S SIGNATURE OR NAME Esther Vogt ADDRESS 3045 Forest K.C., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion ANTECEDENT CAUSES Myocardial infarction Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerotic heart disease DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4200	
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) _____		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 GEO. C. Kealhofer (Degree or title)				23b. ADDRESS 4050 Broadway Blvd		23c. DATE SIGNED 10-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-23-52		24c. NAME OF CEMETERY OR CREMATORY St. Paul Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Concordia, Missouri	
DATE REC'D BY LOCAL REG. 10-23-52		REGISTRAR'S SIGNATURE Sheraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler ADDRESS Kansas City, Mo.		

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

STATEMENT BY LICENSED EMBALMER

NOV 10 1952

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Melvin Barteau

Student Embalmer No. 438

working under my personal supervision.

Student Melvin Barteau
Student Embalmer

Signed F Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Odessa, 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.