

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6379**
Registrar's No. **970**

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 town) Kansas City		c. LENGTH OF STAY (In this place) 14 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 126 N. Lawdale	
d. FULL NAME OF HOSPITAL OR INSTITUTION V. A. Hospital		30680	
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) W.	
c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) February 11, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-13-1895
9. AGE (In years) (If under 1 year last birthday) (If under 1 year Months) (If under 24 hrs. Hours) (If under 24 hrs. Min.) 57		10. KIND OF BUSINESS OR INDUSTRY Railroad	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Engineer		11. BIRTHPLACE (City and State or Foreign Country) Eldora, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank S. Walker	
13b. MOTHER'S MAIDEN NAME Elizabeth Hartley		14. NAME OF HUSBAND OR WIFE Margaret D. Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 702 18 3987	
17. INFORMANT'S SIGNATURE OR NAME V. A. Hospital Records		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral and Aortic Stenosis INTERVAL BETWEEN ONSET AND DEATH Several years ANTECEDENT CAUSES DUE TO (b) Rheumatic Heart Disease Several years DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 410X	
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 <u>2/7/53</u> , 19 <u> </u> , to <u>2/11</u> , 19 <u>53</u> , that death occurred on <u>2/11/53</u> , and that death occurred at <u>3:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) Richard C. Schaffer, M.D.		23b. ADDRESS V.A. Hospital Kansas City Mo.	
23c. DATE SIGNED 2-11-53			
24a. BURIAL CEMETERY (Specify) BURIAL		24b. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24c. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE Deraldine Smith	

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

Basil Honey

Licensed Embalmer No.

4724

P. O. Address

Oshtland, 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.