

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18316**
2459

FILED MAY 27 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. _____

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 township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 25yrs.		e. STREET ADDRESS (If rural, give location) 7408 Olive Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7408 Olive Street		e. STREET ADDRESS (If rural, give location) 7408 Olive Street	
3. NAME OF DECEASED a. (First) Lucy b. (Middle) Wilson c. (Last) Walters		4. DATE OF DEATH (Month) (Day) (Year) May 12 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 27, 1864
9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Barry, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert Wilhite	
13b. MOTHER'S MAIDEN NAME Ellen Aikin		14. NAME OF HUSBAND OR WIFE John Walters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. C.C. Koenig ADDRESS 7408 Olive St. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration ANTECEDENT CAUSES Arterio-sclerosis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 42	
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"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 7, 1953 to May 12, 1953 , that I last saw the deceased alive on May 11, 1953 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE G.C. Remley M.D. (Degree or title)		23b. ADDRESS 832 Argyle Blvd KCMO	23c. DATE SIGNED 5/12/53
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY 14 1953	24c. NAME OF CEMETERY OR CREMATORY OLATHE CEMETERY	24d. LOCATION (City, town, or county) (State) OLATHE, KANSAS
DATE REC'D BY LOCAL REG. 5-12-53	REGISTRAR'S SIGNATURE G. H. Newcomer	25. FUNERAL DIRECTOR'S SIGNATURE G. H. Newcomer's Sons ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO.	

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

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas City*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.