

FILED JUN 9 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 16232  
2383

|  |  |   |   |   |  |   |                                  |  |  |
|--|--|---|---|---|--|---|----------------------------------|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 149  |   | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No. _____   |                                  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri |  |   |                                  | 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) 26 years  |   | c. CITY OR TOWN Kansas City   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                  |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5049 Wornall Road   |  |   |   | e. STREET ADDRESS (If rural, give location) 5049 Wornall  |  | 2738<br>0   |                                  |  |  |
| 3. NAME OF DECEASED (Type or Print) EDWARD   |  | a. (First)  |   | b. (Middle) F.  |  | c. (Last) WALSH, JR.  |                                  | 4. DATE OF DEATH (Month) (Day) (Year) May 26, 1954                               |  |
| 5. SEX M   |  | 6. COLOR OR RACE W  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  |  | 8. DATE OF BIRTH April 18, 1894   |                                  | 9. AGE (In years last birthday) 60   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President  |  | 10b. KIND OF BUSINESS OR INDUSTRY Walsh Motors  |   | 11. BIRTHPLACE (City and State or Foreign Country) Indiana  |  |   | 12. CITIZEN OF WHAT COUNTRY? USA |  |  |
| 13a. FATHER'S NAME Ed. D. Walsh  |  |   | 13b. MOTHER'S MAIDEN NAME Martha Amanda Harbo |   |  | 14. NAME OF HUSBAND OR WIFE Ethel Walsh   |                                  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes  |  | 16. SOCIAL SECURITY NO. 499-18-1889   |   | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Walsh, 5049 Wornall Rd. KC Mo.                                 |  |   | 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, asthma, etc. It means the disease, injury, or complication which caused death.        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery atherosclerosis   |   |   |  |   |                                  | INTERVAL BETWEEN ONSET AND DEATH 2 yrs   |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____           |   |   |  |   |                                  | 4201   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Marked gastric & visceral hyperemia |   |   |  |   |                                  |  |  |
| 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 (Month) (Day) (Year) (Hour) OF INJURY  |  | 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 October 1948 to May 26, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 6:20 p.m. from the causes and on the date stated above. |  |   |   |   |  |   |                                  |  |  |
| 23a. SIGNATURE M.G. Berry  |  | (Degree or title) M.D.  |   | 23b. ADDRESS 1545 W. 26th St. Kansas City, Mo.  |  | 23c. DATE SIGNED May 26   |                                  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation  |  | 24b. DATE 5-28-54   |   | 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.   |  | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.  |                                  |  |  |
| DATE REC'D BY LOCAL REG. 5-26-54   |  | REGISTRAR'S SIGNATURE Geraldine Smith   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo. |   |                                  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Lt. Myron H. Berry  
201 Plaza Med. Bldg.

Va. 2243

Afternoon

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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 Herald A. Burger  
Licensed Embalmer No. 476

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.