

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5156

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>874</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</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) <u>36 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Provident</u>				STREET ADDRESS (If rural, give location) <u>16 1020 Tracy 3168</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>		b. (Middle) <u>-</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow 2</u>		8. DATE OF BIRTH <u>Sept. 22, 1894</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Houston, Texas 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William James</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Marshall</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Walker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Donald Walker 1020 Tracy</u>			ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolus</u>				DUPLICATE				<u>1 day</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				<u>16 days</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>cerebral vascular accident</u>				<u>?</u>
				DUE TO (c) <u>lues</u>				<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>? 029 X</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) (Min.)		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>Feb. 7</u> , 19 <u>55</u> , to <u>Feb. 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb. 20</u> , 19 <u>55</u> , and that death occurred at <u>12:15P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Stanley Goldman M.D.</u>				23b. ADDRESS <u>1308 Bryant Bldg. K. C. Mo.</u>		23c. DATE SIGNED <u>2-25-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>---</u>		24d. LOCATION (City, town, or county) (State) <u>Houston, Texas</u>		
DATE REC'D BY LOCAL REG. <u>2-25-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. Funeral Home 18th. &amp; Benton</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.