

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

5157

802

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. 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>37 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>3131 Forest</u> <u>3528</u>	
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3. NAME OF DECEASED (Type or Print) <u>Charles ALLEN Walker</u> a. (First) <u>Charles</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>Walker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>20</u> <u>1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-10-1872</u>		
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9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lib. Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grey Machine Works</u>	
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11. BIRTHPLACE (City and State or Foreign Country) <u>Pomona, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Allen Walker</u>		13b. MOTHER'S MAIDEN NAME <u>Thelma Mae Walker</u>	
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14. NAME OF HUSBAND OR WIFE <u>Ethel Mae Walker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	
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16. SOCIAL SECURITY NO. <u>496-09-923</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Walker</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES 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.		19. INTERVAL BETWEEN ONSET AND DEATH <u>420²</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ (COUNTY) _____ (STATE)	
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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? _____	
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22. I hereby certify that I attended the deceased from Jan. 29, 1955, to Feb. 20, 1955, that I last saw the deceased alive on Feb. 20, 1955, and that death occurred at 6:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) _____ <u>B. I. Burns, M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>	
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23c. DATE SIGNED <u>2-21-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 24b. DATE <u>2/23/55</u> 24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick</u> 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
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25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma Walker</u>		ADDRESS <u>1806 68th Street, Kansas City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.