

THE DIVISION OF HEALTH OF THE STATE OF KANSAS
STANDARD CERTIFICATE OF DEATH

22445-

State File No.

FILED AUG 3-1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2938</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Saline</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 wks.</u>		c. CITY OR TOWN <u>SALINA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1613 E. IRON STREET</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>			b. (Middle)		c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 24, 1884</u>		9. AGE (in years last birthday) <u>71</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simon Donmyer</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Ann Myers</u>			14. NAME OF HUSBAND OR WIFE <u>William 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William Walker</u> ADDRESS <u>1613 E. IRON ST.</u>				
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) <u>Carcinomatosis</u> ANTECEDENT CAUSES <u>secondary to Carcinoma of Uterus</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>4 mo approx</u> <u>6 mo</u> <u>174X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)					
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>June 26th 1955</u> , to <u>July 10, 1955</u> , that I last saw the deceased alive on <u>7-9-</u> , 1955, and that death occurred at <u>7:09 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. F. Steffen M.D.</u> (Degree or title)				23b. ADDRESS <u>1103 Grand Ave</u>			23c. DATE SIGNED <u>7-10-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gypsum Hill</u>		24d. LOCATION (City, town, or county) (State) <u>SALINA KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>7-11-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomer</u> ADDRESS <u>331-BAUSA CONC. KANSAS CITY MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. F. Steffen, M.D.

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..... *Bernard L. Gora*

Licensed Embalmer No. *425*

P. O. Address *N.C.M.*

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.