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FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22448**
2807

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN KANSAS CITY	b. COUNTY Jackson
c. LENGTH OF STAY (in this place) 35 YEARS		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 St. Luke's Hospital		STREET ADDRESS (If rural, give location) 609 EAST 72ND TERRACE	

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) ADOLPHINE WALTER	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June - 28 - 1955
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-3-74	9. AGE (In years last birthday) 81	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) PARTNER & OWNER		10b. KIND OF BUSINESS OR IND. BLICK Steel Bldg. MANUFACTURING Co.		11. BIRTHPLACE (City and State or Foreign Country) OCONEE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JACOB KUHN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SCHULTZ MICHAEL WALTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-24-0016	17. INFORMANT'S SIGNATURE OR NAME MISS HAZEL WALTER	ADDRESS 609 E. 72ND TERRACE KANSAS CITY, MO.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL INFARCT		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOSIS LEFT MIDDLE CEREBRAL		
	DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED?		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Pathologist**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30p. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. R. Moriarty (Degree or title)	23b. ADDRESS St. Luke's Hosp.	23c. DATE SIGNED 6-29-55
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24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 1, 1955	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 7-1-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER ADDRESS 1331 Bash Creek Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 *James T. Deaver*
Licensed Embalmer No. *44*

P. O. Address *Kansas*

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.