

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37076

State File No. \_\_\_\_\_

4902

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. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 55 yrs  
c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1310 EAST HAMOUR BLVD. ELMS NURSING HOME  
e. STREET ADDRESS (If rural, give location) 4555 MAIN STREET

3. NAME OF DECEASED (Type or Print) a. (First) GERTRAUDE b. (Middle) ETHEL c. (Last) WALLEY 4. DATE OF DEATH (Month) (Day) (Year) NOV-11-1955

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH DEC-23-1873 9. AGE (in years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER 10b. KIND OF BUSINESS OR INDUSTRY SCHOOL 11. BIRTHPLACE (City, and State or Foreign Country) BUTLER MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME IRVIN C. WALLEY 13b. MOTHER'S MAIDEN NAME MARY ELLEN LONG 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME MRS. F. F. HUSCHER ADDRESS 4235 COLLIER KANSAS CITY MO.

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Insufficiency INTERVAL BETWEEN ONSET AND DEATH 18 months  
\*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 DUE TO (b) Rheumatic Heart Disease with mitral Insufficiency 75 years  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 410x

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11-5, 1955, to 11-11, 1955, that I last saw the deceased alive on 11-5, 1955, and that death occurred at 9:40A.m., from the causes and on the date stated above.

23a. SIGNATURE Lyman W. Lais (Degree or title) M.D. 23b. ADDRESS 1103 Grand KCMo 23c. DATE SIGNED 11-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION 24b. DATE NOV-13-1955 24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 11-12-55 REGISTRAR'S SIGNATURE neva marshall 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

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.....  
*Chester K. Brown*

Licensed Embalmer No. *49*

P. O. Address *KC Mo*

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.