

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3924**

FILED MAR 12 1956

264

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (In this place) 15 years | | c. CITY OR TOWN St. Joseph | | 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 618 Mary, Street | | | | e. STREET ADDRESS (If rural, give location) 618 Mary, Street | | | |
| 3. NAME OF DECEASED (Type or Print) FRANK | | a. (First) FRANK | | b. (Middle) *** | | c. (Last) WALSH | |
| 4. DATE OF DEATH Mar. 5 1956 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | |
| 8. DATE OF BIRTH JUNE 21, 1876 | | 9. AGE (In years) 79 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Fireman | | 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME PATRICK WALSH | | 13b. MOTHER'S MAIDEN NAME SARAH McBRIDE | | 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) Yes W. W. I | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mr. Peter Walsh-Chicago, Ill. ADDRESS _____ | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| ANTECEDENT CAUSES | | ANTECEDENT CAUSES | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) Signed as an unattended | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| | | DUE TO (c) Death in City of St. Joseph | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | II. OTHER SIGNIFICANT CONDITIONS | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Swicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from 3-5 , 19 56 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 P. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Richard L. Magnus (Physician) | | | | 23b. ADDRESS Physician & Surgeon Bldg. City | | 23c. DATE SIGNED 3-7-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 3-7-1956 | | 24c. NAME OF CEMETERY OR CREMATORIUM National Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Leavenworth, Ks. | |
| DATE REC'D BY LOCAL REG. Mar 9, 1956 | | REGISTRAR'S SIGNATURE Evelyn M. Allison, Reg. S.P.O. | | 485- Charles Korman | | 25. FUNERAL DIRECTOR'S SIGNATURE Charles Korman ADDRESS St. Joseph, Missouri | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1956

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 *Charles M. Harman*

Licensed Embalmer No. *448*

P. O. Address *Wethers, N.C.*

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.