

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13546**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1562

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) 31 years	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			4. STREET ADDRESS (If rural, give location) 2453 TROOST		
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) EDWARD c. (Last) WALTON			4. DATE OF DEATH (Month) (Day) (Year) April 6 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 9, 1892	9. AGE (In years last birthday) 63	If UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Physical Therapist	10b. KIND OF BUSINESS OR INDUSTRY JEWELRY Community Center	11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Wellington Walton		13b. MOTHER'S MAIDEN NAME Elmira Conklin		14. NAME OF HUSBAND OR WIFE LaBlanche	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 500-38-0958	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official VA Hospital Records, K. C. Mo.			
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) Intestinal obstruction with gangrene of sigmoid colon. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Volvulus of sigmoid colon				INTERVAL BETWEEN ONSET AND DEATH 5703
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Status post-embolctomy (femoral arteries)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) VA	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 March 23, 1956 , to April 6, 1956 , that I last saw the deceased XXXXXXXXXXXXXXXXXXXX and that death occurred at 11:45 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Joaquin F. Lopez (Name or title) JOAQUIN F. LOPEZ, M. D.			23b. ADDRESS VA Hospital, 4801 Linwood Blvd. Kansas City, Mo.		23c. DATE SIGNED 4-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-10-56	24c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat. Cem.	24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas		
DATE REC'D BY LOCAL REG. 4-10-56	REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar Kansas City, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

300

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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, *Arthur Eugene Has*.....

Licensed Embalmer No. *49*.....

P. O. Address *K.C.*.....

--Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.