FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20781

STATE FILE NUMBER 2708

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL — Length of stay in 1b 36 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY 43 3438 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 2929 CHARLOTTE — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First JOHN Middle WESLEY Last WALTERS

4. DATE OF DEATH Month JUNE Day 16 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED XX DIVORCED
8. DATE OF BIRTH April 20, 1898
9. AGE (In years last birthday) 58 — 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) Paper hanger and painter
10b. KIND OF BUSINESS OR INDUSTRY INTERIOR DECORATOR
11. BIRTHPLACE (City and state or country) Butler, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Will N. Walters
14. MOTHER'S MAIDEN NAME Daisy Warren

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 492-18-1983
17. INFORMANT Daisy Chaffin Address 2929 Charlotte St. Official VA Hospital Records, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Right Cerebral Thrombosis with right encephalomalacia — 5-6 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 33 LX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES XX NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK VA NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 12, 1956, to June 16, 1956 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Death occurred at 5:16 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joaquin F. Lopez Degree of Title JOAQUIN F. LOPEZ, M. D.
22b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.
22c. DATE SIGNED 6-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 20, 1956
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. H. Newcomer's Sons ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 6-20-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kollie Kessel

Licensed Embalmer No. 46

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.