

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5066
STATE FILE NUMBER

FILED FEB 27 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 522

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OLATHE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Veterans administration INSTITUTION Hospital Length of stay in lb 73 da		d. STREET ADDRESS (If outside, give location) 414 E. Cedar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle HENRY Last WALB			4. DATE OF DEATH Month FEBRUARY Day 2 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 24, 1890
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 6 Days 15 Hours 50 Min.	IF UNDER 24 HRS. Hours 50 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Thomas B. Walb	
14. MOTHER'S MAIDEN NAME Elizabeth Orth		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. 513-03-5114		17. INFORMANT Address Official Records VA Hospital, K.C., Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined (n.m.o.) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 1955
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 November 21, 1956 to Feb 2, 1957 Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas L. Koury (force or title) m.d.		22b. ADDRESS VA Hospital, K.C., Mo.	22c. DATE SIGNED 2-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 2-2-57	23c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.	23d. LOCATION (City, town, or county) (State) Stoverley Kansas
24. FUNERAL DIRECTOR Harold J. S. Olathe	25. DATE RECD. BY LOCAL REG. 2-2-57	26. REGISTRAR'S SIGNATURE neva minshel	

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Martin W. Faye, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Martin W. Faye
Licensed Embalmer No. 36
P. O. Address Oshtemo

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.