Health, Welfare Public Service

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1-56

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13455

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1511

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 V.A. Hospital — Length of stay in 1b 18 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Lafayette
c. CITY OR TOWN HIGHGINSVILLE 0541 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS 17 Fairground Ave (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WALTER Middle F. Last TORP

4. DATE OF DEATH Month 3rd Day 30th Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 5-7-91

9. AGE (In years last birthday) 65 yrs — 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) Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY Iron

11. BIRTHPLACE (City and state or country) Higginsville, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter Torp

14. MOTHER'S MAIDEN NAME Hanna Lindstrom

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 488 38 5690

17. INFORMANT V.A. Hospital Records, K.C., Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of prostate
DUE TO (c) Metastasis to lungs

INTERVAL BETWEEN ONSET AND DEATH: 177X

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 X 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 ☐ 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 March 11, 1957, to March 30, 1957 and last saw him alive on March 30, 1957. Death occurred at 3:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. G. Agee M.D. (Degree or title) L. G. AGEE MD

22b. ADDRESS V.A. Hospital, K.C., Mo.

22c. DATE SIGNED 3-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE MARCH 30, 1957

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) HIGGINSVILLE (State) MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS — ADDRESS Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 3-30-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1957

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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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5.0

P. O. Address Overland P
Kanso

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