

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014589
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 176

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9901 E. 23rd St.		Length of stay in lb 5 Yrs.	d. STREET ADDRESS (If outside, give location) 9901 East 23 rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAY Middle H. Last WALTERMIRE			4. DATE OF DEATH Month April Day 15 Year 1958		
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 Aug. 3, 1909		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10b. KIND OF BUSINESS OR INDUSTRY Safeway Groc.	11. BIRTHPLACE (City and state or country) Tulsa, Oklahoma	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Ray Waltermire		13b. MOTHER'S MAIDEN NAME Maggie Thompson		14. NAME OF HUSBAND OR WIFE Jimmie D. Waltermire	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War Two		16. SOCIAL SECURITY NO. 423-12-7794	17. INFORMANT Address Mrs. Jimmie D. Waltermire, Indep. 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) **Coronary Occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Dietary & Infection

INTERVAL BETWEEN ONSET AND DEATH _____

19. WAS AUTOPSY PERFORMED?
YES NO

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.) 4201	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 _____, to _____, and last saw her alive on _____
Death occurred at **12:45** **8** a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh A. Owen, Coroner		22b. ADDRESS 1034 Prairie Bldg	22c. DATE SIGNED 4-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/17/58	23c. NAME OF CEMETERY OR CREMATORY Blue Spring Cemetery	23d. LOCATION (City, town, or county) (State) Newark, Arkansas
24. FUNERAL DIRECTOR Geo. C. Carson		ADDRESS Independence, Mo.	25. DATE RECD. BY LOCAL REG. 4-17-58
		26. REGISTRAR'S SIGNATURE Jimmie D. Waltermire	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 22 1958

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 *H. Gibson*

Licensed Embalmer No. *4871*
P. O. Address *Indep, Mo.*

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.