

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018585

STATE FILE NUMBER
2622

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2622

FILED JUN 11 1958

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>No. Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's</i>		Length of stay in 1b <i>1 day</i>	d. STREET ADDRESS (If outside, give location) <i>1207 Swift</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>DONNA MARIE WALKER</i>			4. DATE OF DEATH Month Day Year <i>5-18-58</i>
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-10-1949</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) <i>9</i>
11. BIRTHPLACE (City and state or country) <i>No. Kansas City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Lester Walker</i>		13b. MOTHER'S MAIDEN NAME <i>Edith Robey</i>	14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT Address <i>Lester Walker of the Home</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemorrhagic Bronchopneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Encephalitis - Viral etiology.</i>			<i>4 days</i>
DUE TO (c) <i>Measles - Rubella</i>			<i>7 days.</i>
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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>15 May 1958</i> , to <i>17 May 1958</i> and last saw her <i>him</i> alive on <i>17 May 1958</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R. D. Dwyer M.D.</i>		22b. ADDRESS <i>1207 Swift Ave. No. Kansas City, Mo.</i>	22c. DATE SIGNED <i>5/21/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-23-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>East Slope Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Platte Co Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>A.W. Newcomer, obs. N.H.P. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-23-58</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Glenn A. Hill*

Licensed Embalmer No. *4586*

P. O. Address *R.C. 16, Ind.*

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.