

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022223
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 144

300
1-57
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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 Rural Prairie Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Jackson Co. Hosp. Length of stay in lb 2 yrs.		d. STREET ADDRESS (If outside, give location) 708 Garfield 317 ⁰ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Clara ANN WALKERS			4. DATE OF DEATH Month Day Year July 4-1958
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16-1900
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and state or country) Argentine Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Walters	
14. MOTHER'S MAIDEN NAME Emma Liebman		15. NAME OF HUSBAND OR WIFE none	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melodetic Ca brain - 2 mos DUE TO (b) Carcinoma of intestine 2 yrs. DUE TO (c) 1539 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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. Month, Day, Year 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 7-31-58 to 7-4-58 and last saw her ^{home} alive on 7-3-58 Death occurred at 12:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. W. Puckering, M.D.		22b. ADDRESS 314 Perry Bldg	
22c. DATE SIGNED 7-4-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removed		23b. DATE 7-5-58	
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) (State) K. C. K.	
24. FUNERAL DIRECTOR Simmons		25. DATE RECD. BY LOCAL REG. 7-5-1958	
ADDRESS K. C. K.		26. REGISTRAR'S SIGNATURE J. B. Langford	

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 17 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 *Donan K. James*

Licensed Embalmer No. *4828*
P. O. Address *K. C. K*

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.