

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025842
STATE FILE NUMBER
3599

FILED AUG 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3599

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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 OR INSTITUTION MENORAH HOSPITAL		Length of stay in 1b 53 days	d. STREET ADDRESS (If outside, give location) 3215 CAMP BELL Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DOLLIE Middle S Last WALKER		4. DATE OF DEATH Month 7 Day 24 Year 58	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 1, 1900
9a. AGE (In years less 58 days) 58		9b. IF UNDER 1 YEAR Months 5 Days 8	9c. IF UNDER 24 HRS. Hours 58 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) England 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wolf Smith	
13b. MOTHER'S MAIDEN NAME Reva Smolinsky		14. NAME OF HUSBAND OR WIFE Daniel Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Simon Smith Address 3426 TROOST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) acute Pyelonephritis DUE TO (c) Multiple Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 day 4 days 6 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345K			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
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.) _____	
21. I attended the deceased from July 21 - 58 , to JULY 24 - 58 and last saw her alive on 7-24-1958 Death occurred at 2:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Joseph Getabson M.D.	
22a. SIGNATURE (Degree or title) Joseph Getabson M.D.		22b. ADDRESS 900 Realties Bldg	
22c. DATE SIGNED 7-25-58		22d. ADDRESS 900 Realties Bldg	
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/25/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR J.P. Louis		ADDRESS 3400 Woodland	25. DATE RECD. BY LOCAL REG. 7-25-58
24. FUNERAL DIRECTOR J.P. Louis		26. REGISTRAR'S SIGNATURE Neva Marshall	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

72

9/21-11/80

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 *Chas. Buffington* Licensed Embalmer No. 2756 P. O. Address K.C. 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.