

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029297
STATE FILE NUMBER
3956

300
1-57

SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3956

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, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1005 Bellfontain		Length of stay in lb 15 yrs	d. STREET ADDRESS (If outside, give location) 1005 Bellfontain Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Alice C Walker			4. DATE OF DEATH Month Day Year Aug 14 1958
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 Mar. 18 1865
9. AGE (In years last birthday) 93		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Iowa 1
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Bellknap	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Robert		14. NAME OF HUSBAND OR WIFE Oscar Henry 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. No	17. INFORMANT Address Pearl Kessinger (daughter) 1005 Bellfontain
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) advanced inanition DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 days 6 mo. 491x
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. 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 aug. 31, 1957 to aug. 17, 1958 and last saw her alive on aug. 17, 1958 Death occurred at 6:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Glenn W. Springer, D.O.		22b. ADDRESS 5902 St. John ave. Kansas City, Mo.	
22c. DATE SIGNED 8-15-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Aug. 16 1958		23c. NAME OF CEMETERY OR CREMATORY Highland	
23d. LOCATION (City, town, or county) Winfield, Kansas		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Mrs C.L. Forster Funeral Home Inc. Kansas City, Missouri.		25. DATE RECD. BY LOCAL REG. 8-16-58	
26. REGISTRAR'S SIGNATURE Neva Marshall			

MEDICAL CERTIFICATION
Glenn W. Springer USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Virgil Herrick*

Licensed Embalmer No. *3599*

P. O. Address *J. 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.