

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044478

State File No. ....

FILED DEC 30 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5844

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u> | c. LENGTH OF STAY (in this place)<br><u>10 mos. 3 wks</u> | c. CITY OR TOWN<br><u>Kansas City</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>K.C.T.B. Hosp.</u>                           |   | e. STREET ADDRESS (If rural, give location)<br><u>325 1408 Paseo</u>   |  |

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|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>James</u><br>b. (Middle) _____<br>c. (Last) <u>Walter</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 7 1958</u> |
|--|---|

|                       |                                  |  |  |   |  |   |
|-----------------------|----------------------------------|--|--|---|--|---|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)<br><u>Divorced</u> | 8. DATE OF BIRTH<br><u>Dec. 25, 1886</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 11 HRS.<br>Hours _____ Mins. _____ |
|-----------------------|----------------------------------|--|--|---|--|---|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Mail Carrier</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>U.S. Post Office</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Shreveport, Louisiana</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Stokes Walter</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Jane Anderson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Divorced</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Unknown</u> | 16. SOCIAL SECURITY NO.<br><u>496-05-9142</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>K.C.T.B. Hospital</u> | ADDRESS<br><u>Leeds Station</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____ |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|----------------------------------|--|

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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|   |  |                            |
|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from 1-13, 1958, to 12-7, 1958, that I last saw the deceased alive on 12-7, 1958, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                         |              |                                     |
|---|-------------------------|--------------|-------------------------------------|
| 23a. SIGNATURE<br><u>Edward P. Altomare</u> | (Degree or title) _____ | 23b. ADDRESS | 23c. DATE SIGNED<br><u>12-10-58</u> |
|---|-------------------------|--------------|-------------------------------------|

|  |                              |  |  |
|--|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>12/11/58</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Blue Ridge Lawn</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u> |
|--|------------------------------|--|--|

|   |   |   |                              |
|---|---|---|------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>12-10-58</u> | REGISTRAR'S SIGNATURE<br><u>Neve Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Manlove Williams</u> | ADDRESS<br><u>1729 Lydia</u> |
|---|---|---|------------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Edward P. Altomare

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. Manlove*

Licensed Embalmer No. 3994

P. O. Address 3712 E 30th

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.