

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009719
STATE FILE NUMBER
1212

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

FILED MAR 26 1959

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7345 State Line Length of stay in 1b 6.5 yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Mo Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 7345 State Line Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Mrs Gertrude Middle Walker Last Walker
4. DATE OF DEATH Month March Day 6 Year 1959
5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 8-17-1874 9. AGE (In years last birthday) 84 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) Retired music teacher 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bethang Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George S Graham 13b. MOTHER'S MAIDEN NAME Clara Lewis 14. NAME OF HUSBAND OR WIFE Walter C 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 Walter C Walker Address 7345 State Line

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal bronchopneumonia
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 Dec 4, 1946 to March 6, 59 and last saw her alive on March 5, 59
Death occurred at Home 2:15 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mervin J. Rumold M.D. 22b. ADDRESS Blaze Time Bldg 22c. DATE SIGNED March 7, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-9-1959 23c. NAME OF CEMETERY OR CREMATORY Forest Hill 23d. LOCATION (City, town, or county) (State) Kansas City Mo

24. FUNERAL DIRECTOR France-Wornall Funeral Home ADDRESS 25. DATE RECD. BY LOCAL REG. 3-8-59 26. REGISTRAR'S SIGNATURE Reva Minshel

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION Mervin J. Rumold



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 *Russell N. Franc*

Licensed Embalmer No. *4255*

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.