

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006660

FILED VS MAR 3 1960

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 947

STATE FILE NUMBER

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, Missouri			Length of stay in 1b 10 years		c. CITY OR TOWN Kansas city, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1619 Olive			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1619 Olive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elnora Middle Walker Last Walker				4. DATE OF DEATH Month 2 Day 12 Year 1960			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-1873	9. AGE (last birthday) 87 8/6	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Lexington, Mo.		12. CITIZEN OF WHAT COUNTRY U, S, A,	
13a. FATHER'S NAME Henry Evans			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George 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 Address George Walker 1619 Olive St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sclerotic Type Hb. Disease. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) myocardial Deficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 6 yrs ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year None						
20d. INJURY OCCURRED WHILE AT WORK <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 July-1950 to Feb. 12-60 and last saw her alive on Feb. 12-60 Death occurred at 1619 Olive 12-12-60 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. S. Wells MD (Degree or title)				22b. ADDRESS 2122-E-15, K. City		22c. DATE SIGNED 2-16-60	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-17-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		23d. LOCATION (City, town, or county) Kansas City, Kans (State)			
24. FUNERAL DIRECTOR C. E. Davis 1415 Truman Rd ADDRESS			25. DATE RECD. BY LOCAL REG. 2-16-60		26. REGISTRAR'S SIGNATURE Merna Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *C. L. Davis*

Licensed Embalmer No. 4417

P.O. Address N. C. 91

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.