URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-023455

FILED VS JUN 30 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3097

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 8 DAYS ~~6 years~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Prairie Village
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4301 West 63rd. Street
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John, Middle William, Last Walters
4. DATE OF DEATH: Month June, Day 7, Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Married
8. DATE OF BIRTH: 4/27/1910
9. AGE (last birthday): 50
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electric Manufactures
10b. KIND OF BUSINESS OR INDUSTRY: Reprensentive
11. BIRTHPLACE (City and state or country): Toledo Iowa
12. CITIZEN OF WHAT COUNTRY: U SA

13a. FATHER'S NAME: John Perry Walters
13b. MOTHER'S MAIDEN NAME: Jessie Crawford
14. NAME OF HUSBAND OR WIFE: Marion Walters

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.: 487-03-2901
17. INFORMANT: Mrs. Marion Walters
Address: 4301 West 63 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): Massive necrosis Left Cerebral Hemisphere — INTERVAL BETWEEN ONSET AND DEATH: 9 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): occlusion of Left Carotid artery — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 May 30 1960, to 7 Jun 1960 and last saw ~~her~~ him alive on 7 Jun 60
Death occurred at St Lukes Hospital 12 15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kent Carbaugh MD
22b. ADDRESS: Mission Kan
22c. DATE SIGNED: 8 Jun 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/8/1960
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Toledo Iowa

24. FUNERAL DIRECTOR — ADDRESS: D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE RECD. BY LOCAL REG.: 6-9-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF K. W. Carbaugh

Dr. Kenneth Carbaugh
5615 Johnson Rd
Ne 2-4222
Now

**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_____ Signed Albert L Savage
Signature of Student Embalmer

Licensed Embalmer No. 481

P. O. Address Kansas

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