

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-027200

FILED VS. AUG 8 1960

149

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

3839

STATE FILE NUMBER

DED

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		Length of stay in 1b 37 yrs	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2008 Benton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2008 Benton		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILBUR Middle A. Last WALKER			4. DATE OF DEATH Month July Day 21 , Year 1960		
5. SEX Male	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 4-1-1881	9. AGE (last birthday) 79 yrs.	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) Machinest Helper		10b. KIND OF BUSINESS OR INDUSTRY Frisco RR. C.	11. BIRTHPLACE (City and state or country) Douglasville, Texas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Mose Walker		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Katie 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. 702-07-7738	17. INFORMANT Address Katie Walker 2008 Benton Blvd.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medical Resurgitation					INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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 _____ a.m. _____ p.m. _____	Month, Day, Year				
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.) RC.	20f. CITY/TOWN, OR LOCATION Jackson mo	COUNTY	STATE	
21. I attended the deceased from Jan 7, 1957 to 7/21/60 and last saw her/him alive on 7/15/60 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Turner (Degree or title)			22b. ADDRESS 1612 E 12 RC mo.		22c. DATE SIGNED 7/25/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-26-60	23c. NAME OF CEMETERY OR CREMATORY Westlawn		23d. LOCATION (City, town, or county) Kans. City, Kans.	
24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FUNERAL HOME 18th & Benton		25. DATE RECD. BY LOCAL REG. 7-25-60	26. REGISTRAR'S SIGNATURE Alva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

W. Turner

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

Student _____
Signature of Student Embalmer

Signed Ben R. W. [Signature]

Licensed Embalmer No. 45

P. O. Address 18th St

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