ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014055

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1993

FILED MAY 8 1961

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: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Trinity Lutheran Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cass
c. CITY OR TOWN: Raymore — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): In town — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jesse — Middle: Elmer — Last: Walton
4. DATE OF DEATH: Month: 4 — Day: 20 — Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-6-79
9. AGE (last birthday): 81 — 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): Farmer (Ret)
10b. KIND OF BUSINESS OR INDUSTRY: General Farming
11. BIRTHPLACE (City and state or country): Cass County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: P.M. Walton
13b. MOTHER'S MAIDEN NAME: Lee Ann Keeney
14. NAME OF HUSBAND OR WIFE: Anna (Dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): – –
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Marion Walton, Belton, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr pyelonephritis
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 1 Apr 1961, to 20 Apr 1961 and last saw her/him alive on 20 Apr 1961
Death occurred at 10:00 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hjalmar E. Carlson M.D.
22b. ADDRESS: Proffesional Bldg, K.C. Mo.
22c. DATE SIGNED: 4-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-24-61
23c. NAME OF CEMETERY OR CREMATORY: Olathe Cemetery
23d. LOCATION (City, town, or county) (State): Olathe, Kansas

24. FUNERAL DIRECTOR — ADDRESS: E.K. George & Sons, Inc, Belton, Missouri
25. DATE RECD. BY LOCAL REG.: 4-21-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 Sterling E. Boodard

Licensed Embalmer No. 4911

P. O. Address Grandview, M

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.