MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-023507

3441

STATE FILE NUMBER

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

FILED JUL 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 8150
2 X 2
3
4 0
5 1
6
7 1
8 1
9 162.1
10
11
12 76-0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 41 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA HOSPITAL, K.C., MO — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY WYANDOTTE
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2029 Bristow — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ABRAHAM Middle G. Last WALKER

4. DATE OF DEATH Month JUNE Day 28, Year 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-21-90

9. AGE (last birthday) 71 — 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) BARBER

10b. KIND OF BUSINESS OR INDUSTRY Shop Owner of Barber

11. BIRTHPLACE (City and state or country) GLENROSE, TEXAS

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ABRAHAM G. WALKER

13b. MOTHER'S MAIDEN NAME LEONA WILKS

14. NAME OF HUSBAND OR WIFE LOTTIE E. WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT Address Official Records VA Hospital, K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Tracheo-bronchial aspiration of gastric contents

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Multiple cerebral metastases

DUE TO (c) Bronchogenic carcinoma right upper lobe

INTERVAL BETWEEN ONSET AND DEATH

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. VA attended the deceased from April 27, 1962, to June 28, 1962 ~~and last saw the dec. alive on~~

Death occurred at 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. H. CHOY, M.D.

22b. ADDRESS VA Hospital, K.C., Mo.

22c. DATE SIGNED 6-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 30, 1962

23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Gates Funeral Home, Kansas City, Kan

25. DATE RECD. BY LOCAL REG. 6-29-62

26. REGISTRAR'S SIGNATURE Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park Ks.

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.