

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8711

State File No.

FILED MAR 27 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 53-69 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 0480</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>6305 FARLEY</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>6630 Blue Ridge Blvd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Garnett</u>		b. (Middle) <u>Cleveland</u>		c. (Last) <u>Walker, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10 1952</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>March 13-1920</u>		9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work or profession or working life, even if retired) <u>SAUSAGE SALES DEPT.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wilson Packing Co</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>GARNETT C. WALKER, SR.</u>		13b. MOTHER'S MAIDEN NAME <u>ROSALIE MAE LEWIS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY WALKER</u>			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>495-07-5758</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MARY WALKER 6603 Blue Ridge</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY CAUSING DEATH <u>Complete Cardiac Block Ocute Insult</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic MITRAL STENOSIS 6yrs</u> DUE TO (c) <u>RHEUMATIC ENDOCARDITIS 10yrs</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-7-51 to 3-10-52, that I last saw the deceased alive on 3-10-52, and that death occurred at 2:35 PM, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>J. L. Hoffman, M.D.</u>		23b. ADDRESS <u>Raytown Mo</u>		23c. DATE SIGNED <u>3-11-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>3-12-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY MO</u>	
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(Licensed Embalmer's Statement of Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0480
3
27

No. 300
V. 10.48

2:30.5:30

MAY 23 1953

APR 24 1953

MAR 22 1953

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
Student Embalmer

Signed John B. Lewis
Licensed Embalmer No. 4875
P. O. Address KC - MO.

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 this body is not embalmed, fact should be so stated above.