

FILED SEP 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31938**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3903</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hanson City</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lohscheid Hospital</u>	
a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hanson City</u>		d. STREET ADDRESS (If rural, give location) <u>1205 Linwood - apt 204</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Walfe</u>	
4. DATE OF DEATH		(Month) <u>Sept</u>		(Day) <u>-1-</u>		(Year) <u>1952</u>	
5. SEX <u>♂</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 16 - 1879</u>	
9. AGE (In years last birthday) <u>73 yr</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHYSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>oculoplasty</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Terre Haute Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Walfe</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wiggley</u>		14. NAME OF HUSBAND OR WIFE <u>Addie Walfe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-22-3674</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Addie Walfe</u> ADDRESS <u>1205 - Linwood N.C.H.</u>			
18. NO. OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					
*This does not mean the mode of dying, such as heart failure, asthma, 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>Hypertension</u>	
						DUE TO (c) <u>Arterio Sclerosis</u>	
		II. OTHER SIGNIFICANT CONDITIONS				10-yr	
		Conditions contributing to the death but not related to the disease or condition causing death.				10-yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>3/19</u> , 19 <u>49</u> , to <u>9/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/1/52</u> , 19 <u>52</u> , and that death occurred at <u>9:50</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph A. Fogarty</u> (Name or title)				23b. ADDRESS <u>2402 Northman Bk K Co Mo</u>		23c. DATE SIGNED <u>9/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>SEP 23 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-3-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer</u> ADDRESS <u>1331 DROSH CREEK KANSAS CITY MISSOURI</u>			

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

SEP 30 1962

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 Edward M. Stoney

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.