

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20805**

State File No. ....

**FILED JUN 22 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 674

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Buchanan</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>108 No. 16 th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>KITTY</u> b. (Middle) <u>B</u> c. (Last) <u>WALSH</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 11, 1953</u>		
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<b>5. SEX</b> <u>F.</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Single</u>	<b>8. DATE OF BIRTH</b> <u>Unk. 1877</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HR.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Secretarial work</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Joseph, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
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<b>13a. FATHER'S NAME</b> <u>John Walsh</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan M. C. Cade</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Miss Lillian E. Barry</u>		<b>18. ADDRESS</b> <u>St. Joseph</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Terminal</u>		DUE TO (b) <u>Cardiovascular renal disease</u>				<u>app 101 3da</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		DUE TO (c) <u>Arteriosclerosis general</u>				?	
						?	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>44%</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from 10-10, 1953, to 6-11, 1953, that I last saw the deceased alive on 6-11, 1953, and that death occurred at 10:00 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Signature or title) <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>316 No 10 W. City</u>		<b>23c. DATE SIGNED</b> <u>6/18/53</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>June 15/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olivet Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>June 19, 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>485 [Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>St. Joseph Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Victor J. Barry*

Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.