

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

State File No. **16327**  
Registrar's No. **212**

FILED JUN 14 1954

10.48  
3000

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>5569</b>		Registrar's No. <b>212</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Jackson</b>		<i>(Rural)</i> b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, 29,</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (in this place) <b>1 year</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City # 29,</b>		d. STREET ADDRESS <b>4500 Norwood</b>		<i>(If rural, give location)</i> <b>Brookings</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4500 Norwood Street.</b>				d. STREET ADDRESS <b>4500 Norwood</b>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <b>John</b>		b. (Middle) <b>Joseph</b>		c. (Last) <b>Walz</b>		(Month) <b>June</b> (Day) <b>1</b> (Year) <b>1954</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>June 21, 1903</b>	
<b>9. AGE</b> (In years last birthday) <b>50</b>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>Montgomery Wards</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Liberty, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Dept. Manager</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Montgomery Wards</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Liberty, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>William Walz</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Flora Baker</b>		<b>14. NAME OF DECEASED'S WIFE</b> <b>Helen Walz</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>46-09-7683</b>		<b>17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS</b> <b>Mrs. Helen Walz - 4500 Norwood K.C. 29, Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<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>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <b>W.C. Beardsley, M.D., Coronary</b>				<b>23b. ADDRESS</b> <b>4050 Brookwood Kansas</b>		<b>23c. DATE SIGNED</b> <b>6-1-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>6-4-54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mound Grove Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Independence, Mo.</b>	
<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <b>Wilton L. Kopy</b>		<b>ADDRESS</b> <b>Indep., Mo.</b>					

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

FEB 21 1958

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 *Gay J. Shelton*  
Licensed Embalmer No. *4700*

P. O. Address *Independence,*

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.