

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1323

FILED FEB 8 - 1955

229

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 229			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS				b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 mos		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give location) 331 QUINDARO				8150 8	
3. NAME OF DECEASED (Type or Print) a. (First) ALVIN			b. (Middle) J.		c. (Last) WALTON		4. DATE OF DEATH (Month) (Day) (Year) January 13, 1955		
5. SEX 2 Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1928		9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier			10b. KIND OF BUSINESS OR INDUSTRY Postal Service		11. BIRTHPLACE (City, and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles S. Walton			13b. MOTHER'S MAIDEN NAME Rose Lee English			14. NAME OF HUSBAND OR WIFE Lorene Walton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or date of service) WV 509 20 2950		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL OFFICIAL RECORDS, K.C. MO1					ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia and Jaundice ANTECEDENT CAUSES DUE TO (b) Liver & Lung metastases Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Right cortical adrenal carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 days 195*	
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) VA		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 July 8, 1954 to Jan. 13, 1955 and that death occurred at 10:45 AM, from the causes and on the date stated above.									
23a. SIGNATURE Gene Armstrong (Degree or title)				23b. ADDRESS VA Hospital, Kansas City, Mo.			23c. DATE SIGNED Jan 13, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-17-1955	24c. NAME OF CEMETERY OR CREMATORY Westlawn		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas				
DATE REC'D BY LOCAL REG. 1-17-55		REGISTRAR'S SIGNATURE New Minshall			25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones 440 state ave. K.C.K.				

(Licensed Embalmer's Statement on Reverse Side)

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

1921

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 *Ernest English*

Licensed Embalmer No. *241*

P. O. Address *440 State*

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.