

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1956

State File No. 3720

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

3

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>41</u>				
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>						
b. CITY (If outside corporate limits, write RURAL and give name of rural community.) <u>rural, Saltriver, Mo.</u>				c. LENGTH OF STAY (In this place) <u>mins.</u>		c. CITY OR TOWN <u>Overland Park</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 822</u>				d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
e. STREET ADDRESS (If rural, give location) <u>6300 West 80th Terrace</u>				8A 8						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Steven</u>		c. (Last) <u>Walker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 29 1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, OR RE-MARRIED <u>never married</u>		8. DATE OF BIRTH <u>March 13, 1938</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>17</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Boise, Idaho</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles L. Walker</u>				13b. MOTHER'S MAIDEN NAME <u>Phyllis Stevenson</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>948-46-0902</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles L. Walker, Overland Pk, Kans.</u>					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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest with jury—the deceased died from injuries received in a wreck of two automobiles on highway # 22 just west of Mexico Missouri. Death was practically instant, from fractured neck and skull. Jury found felonious from careless and reckless driving of an Oldsmobile car, driver Earl James Blansett.</u>						INTERVAL BETWEEN ONSET AND DEATH		
2. ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		3. DUE TO (c) <u>felonious from careless and reckless driving of an Oldsmobile car, driver Earl James Blansett.</u>		11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 22</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West of Mexico Audrain Missouri</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 29, 1956 4p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>In automobile wreck</u>						
22. I hereby certify that I attended the deceased from <u>inquest with jury</u> , 19 <u>56</u> , that I last saw the deceased die on <u>Feb. 29, 1956</u> , and that death occurred at <u>4 p.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>L. C. Adams, M.D., Crown Mexico, Mo.</u>				23b. ADDRESS				23c. DATE SIGNED <u>3-1-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>March 1, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Overland Ave</u>		24d. LOCATION (City, town, or county) (State) <u>Overland Park, Kansas</u>				
DATE REC'D BY LOCAL REG. <u>Mar 1-1956</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely's</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Neely's</u>		ADDRESS <u>Overland Park, Mo.</u>				

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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.....
Licensed Embalmer No. 468
P. O. Address. Mexico

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.