

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

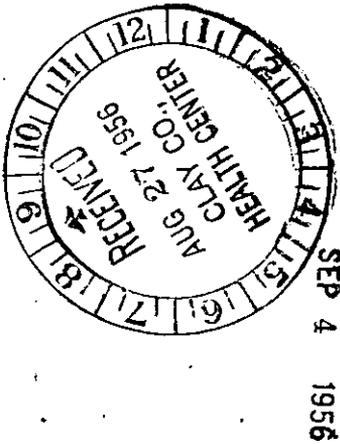
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FILED SEP 4 1956

3272 State File No.
4134 Registrar's No. 73

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

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>U.S. Hi-Way 169 3 MILES SOUTH SMITHVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SMITHVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) <u>600</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEWELL</u>		b. (Middle) <u>CLARK</u>		c. (Last) <u>WALKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 17, 1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>NOV. 18, 1939</u>	
9. AGE (In years last birthday) <u>17</u>		if UNDER 1 YEAR Months <u>8</u> Days <u>30</u>		if UNDER 4 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SMITHVILLE, MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT SCHOOL</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ERNEST M. WALKER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ELIZABETH STEWART</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>490-42-0549</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ERNEST M. WALKER SMITHVILLE, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head & chest injuries</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, 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>4 Car Collision</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8/164</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi way 169</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>600</u> (COUNTY) <u>Clay</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 17 56 10±</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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.							
23a. SIGNATURE (Degree or title) <u>W. S. Pate, M.D., Coroner</u>				23b. ADDRESS <u>North Kansas City, Mo</u>		23c. DATE SIGNED <u>8/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-19-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>8-19-56</u>		REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCOMAS FUNERAL HOME, SMITHVILLE, MO.</u>			



1956 OCT 10 1956

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.....
Donald W. Hanks

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.