

FILED MAR 13 1957

STANDARD CERTIFICATE OF DEATH

5858

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN North Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Employes' Hospital			Length of stay in lb 19 days		d. STREET ADDRESS 3029 E. 38th St.		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) PRICE				First LEO		Last WALKER		4. DATE OF DEATH Month March Day 4 Year 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 27, 1888		9. AGE (In years last birthday) 68	
		IF UNDER 1 YEAR Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) Loco. Fireman, Retired			10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company		11. BIRTHPLACE (City and state or country) Hardin Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME NOT KNOWN				14. MOTHER'S MAIDEN NAME NOT KNOWN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. yes		17. INFORMANT Address St. North KC 16 Ma Mrs. Dorothy Walker - 3029 E. 38th				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia, exact etiology undetermined								INTERVAL BETWEEN ONSET AND DEATH Days (?)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)							
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Feb. 13th, 1957 to Mar. 4, 1957 and last saw her him alive on Mar. 4, 1957 Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L. K. McMurtry, M.D., Surgeon in Charge				22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri				22c. DATE SIGNED 3/4/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-4-57		23c. NAME OF CEMETERY OR CREMATORY Not Known		23d. LOCATION (City, town, or county) (State) Kansas City Kansas			
24. FUNERAL DIRECTOR D. St. Newcomer Sons				ADDRESS No. 10305 S. 4th		25. DATE RECD. BY LOCAL REG. 3-4-57		26. REGISTRAR'S SIGNATURE Cashdowne	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3-25

Embalmer

APR 8 1957

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 *John W. Kalsback*.....
Licensed Embalmer No. *49*

P. O. Address *To, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.