

FILED DEC 23 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43582

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1372

|  |                                  |   |   |   |  |
|--|----------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Joseph</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <u>St. Joseph</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>St. Joseph's Hosp.</u>  |                                  | Length of stay in lb<br><u>Life</u>   | d. STREET<br>ADDRESS <u>1325 Mitchell</u>   |   | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Donald</u> Middle <u>Augustus</u> Last <u>Walsh</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>13</u> Year <u>1957</u>  |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 2, 1912</u>  |   | 9. AGE (In years last birthday)<br><u>45</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Elevator Operator</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Whsle Paper</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>St. Joseph, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |
| 13. FATHER'S NAME<br><u>John Walsh</u>   |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Josephine LaFlan</u>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W.W.# 2</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>491-10-7300</u>   |   | 17. INFORMANT<br><u>Velma Walsh</u> Address <u>1325 Mitchell City</u> |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>atherosclerosis generalized</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><u>4201</u> |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 years</u>   |
| 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.)  |   |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>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 <u>11-14-57</u> to <u>12-13-57</u> and last saw <u>her</u> alive on <u>12-13-57</u><br>Death occurred at <u>10:00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |   |  |
| 22a. SIGNATURE<br><u>J. Motherhead</u> (Type or Print)   |                                  |   | 22b. ADDRESS<br><u>2603 Federal</u>   |   | 22c. DATE SIGNED<br><u>12-14-57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>Dec. 16, 57</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olivet Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Joseph, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Herman W. Lindenfeld</u> ADDRESS _____  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 17, 1957</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Robert Fulton</u>                |  |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 6 1958

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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.....  
*Robert H. Yaple*  
Licensed Embalmer No. 3308

P. O. Address St. Joseph,

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.