

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032843
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4498

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 528 NORTON		Length of stay in lbs 48 YRS	d. STREET ADDRESS (If outside, give location) 528 NORTON
3. NAME OF DECEASED (Type or print) First Middle Last WALTER MILTON MALONE			4. DATE OF DEATH Month Day Year SEPT. 22 1958
5. SEX M	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 MAY 16 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOK BINDER		10b. KIND OF BUSINESS OR INDUSTRY GRIMES JOYCE	11. BIRTHPLACE (City and state or country) LAWRENCE Co. OHIO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN MALONE	
13b. MOTHER'S MAIDEN NAME BARBARA FULTZ		14. NAME OF HUSBAND OR WIFE IRENE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW# 1		16. SOCIAL SECURITY NO. 486-01-6356	
17. INFORMANT IRENE MALONE		Address 528 NORTON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 4200
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) Long History Heart Trouble			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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H. Owens		22b. ADDRESS 1034 Riverview Bldg	22c. DATE SIGNED 9-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-25-1958	23c. NAME OF CEMETERY OR CREMATORY MT MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON, INC	ADDRESS K.C. Mo	25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE Wera Marshall

All diseases in Part I. must be causally related.

OWENS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 R. Bidmon*
Licensed Embalmer No. *453*
P. O. Address *Kansas City*

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.