

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033068
STATE FILE NUMBER 4219

FILED SEP 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS Hosp.			Length of stay in (b) 50 yrs.		d. STREET ADDRESS 3610 WINDSOR		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD CECIL WALTNER				4. DATE OF DEATH Month Day Year SEPT 1 1958					
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 FEB 14, 1886		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER			10b. KIND OF BUSINESS OR INDUSTRY MO. STATE EMPLOY SERVICE		11. BIRTHPLACE (City and state or country) ROCKPORT, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME HARRY G. WALTNER SR.			13b. MOTHER'S MAIDEN NAME MINNIELEE ROLAND		14. NAME OF HUSBAND OR WIFE MAUDE WALTNER				
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. 499-16-9447		17. INFORMANT Address MRS. MAUDE WALTNER - 3610 WINDSOR					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized convulsions condition</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Previously cancer of the tongue</i>							
		DUE TO (c)					1419		
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 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 a.m. Month, Day, Year 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 <i>8-17-58</i> to <i>9-1-58</i> and last saw ^{her} him alive on <i>8-31-58</i> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. D. Bourke MD</i> (Degree or title)				22b. ADDRESS <i>1207 Realty NCM</i>			22c. DATE SIGNED <i>9-2-58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT 3, 1958		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK Cem.		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. - K.C., Mo.				25. DATE RECD. BY LOCAL REG. 9-3-58		26. REGISTRAR'S SIGNATURE <i>Neal Marshall</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

T. S. Bourke



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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 Bert B. Benz

Licensed Embalmer No. 4656

P. O. Address N. C., W.

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.