

Dr. Lemmon

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001042

STATE FILE NUMBER

FILED 2 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 83

300
1-57

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE									
b. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. ST. JOHN'S HOSP.			Length of stay in 1b 9 YRS.		d. STREET ADDRESS 800 S. MISSOURI		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS L. WALSH SR.				4. DATE OF DEATH Month Day Year JAN. 22 1959									
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. 3 1897		9. AGE (In years and months) 69 1/2		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAIN DISPATCHER				10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.		11. BIRTHPLACE (City and state or county) WASECA, MINNESOTA			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME CORNELIUS WALSH				13b. MOTHER'S MAIDEN NAME MARGARET MARONEY				14. NAME OF HUSBAND OR WIFE VIOLET WALSH					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W. # 1				16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT VIOLET WALSH		Address SPRINGFIELD, MO.					
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, gen'd DUE TO (c) Diabetes mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus										INTERVAL BETWEEN ONSET AND DEATH Few min			
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.) 4201									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT <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 1-56 to 1-22-59 and last saw him alive on 1-24-59 Death occurred at 7:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE S. B. Lemmon, MD (Degree or title)				22b. ADDRESS Springfield, Mo.				22c. DATE SIGNED 1-24-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/28/59		23c. NAME OF CEMETERY OR CREMATORY NATIONAL		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.							
24. FUNERAL DIRECTOR H. H. LOHMEYER ADDRESS SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. 1-26-59		26. REGISTRAR'S SIGNATURE Effie G. Melton							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

696: 8*EEJ-

JUL 21 1959

MAR 30 1959

MAR 3 1959

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 *Gene C. Hunter*

Licensed Embalmer No. *4739*

P. O. Address *Sgt. me*

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.