

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001562

STATE FILE-NUMBER

155

FILED JAN 21 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

155

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) TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 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 3116 Penn		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 3116 Penn Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HARRIETT E WALSH			4. DATE OF DEATH Month Day Year Jan. 6, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1873 Feb. 12-1874
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piano teacher	11. BIRTHPLACE (City and state or country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Walsh	13b. MOTHER'S MAIDEN NAME Nancy Jane McDonald
14. NAME OF HUSBAND OR WIFE Never Married		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. None
17. INFORMANT Thomas Walsh, 26 East 57th. K.C. Mo.		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>Cerebral thrombosis</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Brain arterio-sclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH ?		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 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 1-9-59 to 1/6/59 and last saw her alive on 1-6-59 Death occurred at 11-6-59 9pm m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>J. G. Evans</i> MD	
22b. ADDRESS Huron Bldg. K.C.K		22c. DATE SIGNED 1/7/59	
23a. BURIAL, CREMATION, REMOVAL removal		23b. DATE 1/10/59	23c. NAME OF CEMETERY OR CREMATORY St Aloysius Cemetery
23d. LOCATION (City, town, or county) Girard, Ks.		(State)	
24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS K.C.K		25. DATE RECD. BY LOCAL REG. 1-9-59	
26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. G. Evans

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



Licensed Embalmer No. 3426 Mo

P. O. Address Kansas City Mo

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.