Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005951
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 629

FILED FEB 19 1959

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital — Length of stay in Ib 50 YRS.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9201 Grand — Reside on Farm Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print) First: EVIA Middle: M Last: WALZ

**4. DATE OF DEATH** Month: 1 Day: 31 Year: 59

**5. SEX** Female

**6. COLOR OR RACE** White

**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH** June 12, 1897

**9. AGE** (In years last birthday) 61 — 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) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY** home

**11. BIRTHPLACE** (City and state or country) Bolivar, Mo.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Sherman C. Hutchinson

**13b. MOTHER'S MAIDEN NAME** Melvia Oldham

**14. NAME OF HUSBAND OR WIFE** FRANK J. WALZ

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) ----

**16. SOCIAL SECURITY NO.** 492-18-5653

**17. INFORMANT** Jesse D. Walz — Address 8436 Walmer-Park, Ks. Overland

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4 hr
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 ☐ NO ☒ 2

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE 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 1-31-59, to 1-31-59 and last saw her/him alive on 1-31-59
Death occurred at 10:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Abraham Gelperin (Degree or title) M. D.

**22b. ADDRESS** 24th & Cherry

**22c. DATE SIGNED** 2-2-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL

**23b. DATE** 2-2-59

**23c. NAME OF CEMETERY OR CREMATORY** Floral Hills Cemetery

**23d. LOCATION** (City, town, or county) (State) Raytown, Mo.

**24. FUNERAL DIRECTOR** Mellody-McGilley-Eylar — **ADDRESS** 1800 Linwood

**25. DATE RECD. BY LOCAL REG.** 2-2-59

**26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Abraham Gelperin M. D.

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 George A. Jackson

Licensed Embalmer No. 5059

P. O. Address K. C. 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.