

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS AUG 25 1959

59-029471

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 186 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Prairie</u>		Length of stay in 1b <u>2 1/2 Mo.</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>104th & Cherry</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Jessie Middle M. Last Walburn 4. DATE OF DEATH Month August Day 16 Year 1959

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/10/1878 9. AGE (last birthday) 81

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) Falls City, Nebr. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME MARION S. WATSON 13b. MOTHER'S MAIDEN NAME ESTHER BEAVER 14. NAME OF HUSBAND OR WIFE EDWARD B. WALBURN

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. NONE 17. INFORMANT MELVIN D. WATSON WILLIS KANSAS Address

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
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis
 DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 6-2-59 to 6-16-59 and last saw her/him alive on 8-16-59
 Death occurred at 7:15 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Haper M. D. (Degree or title) 22b. ADDRESS Reserve, Mo 22c. DATE SIGNED 8/17/59

23a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL 23b. DATE AUG 20 1959 23c. NAME OF CEMETERY OR CREMATORY CORNELISON CEM 23d. LOCATION (City, town, or county) RESERVE, KANSAS (State) _____

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 8-19-1959 26. REGISTRAR'S SIGNATURE M. B. Longford

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Albert L. Savage
4812

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.