RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59-032635

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4372 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 60 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 4331 Walnut St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RAYMOND Middle A. Last WALKER
4. DATE OF DEATH Month Sept. Day 5th, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Oct. 20, 1892
9. AGE (last birthday) 66 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Manager
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Leavenworth, Kansas
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John H. Walker
13b. MOTHER'S MAIDEN NAME Annie E. Beal
14. NAME OF HUSBAND OR WIFE - - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. None
17. INFORMANT Gladys A. Walker, 4331 Walnut, K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cerebro-Vascular embolism — 1 day
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 Aug. 25. 1959, to Sept. 5 '59 and last saw ~~her~~ him alive on Sept 4 59.
Death occurred at 2 10 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R W Robinson M.D.
22b. ADDRESS 4635 Wyandotte
22c. DATE SIGNED 9-5-59

BY AFFIDAVIT OF R. W. Robinson

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 8, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 9-8-59
26. REGISTRAR'S SIGNATURE Steve Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Clayton T. Barnes

Signature of Student Embalmer

Licensed Embalmer No. 4793

P. O. Address K. C., Mo

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