

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-014590

FILED VS APR 26 1960

Registration District No. 78

Primary Registration District No. 5291

STATE FILE NUMBER

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY CLAY			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) OR TOWN LIBERTY		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN INDEPENDENCE 7005		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Odd Fellows Home		Length of stay in lb 8 1/2 7 weeks	d. STREET ADDRESS (If outside, give location) 1901 Ash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lidia K Walker			4. DATE OF DEATH Month Day Year April 6 1960		
5. SEX Few 1	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1886	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Lexington, Mo. O		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Man H. Willie		13b. MOTHER'S MAIDEN NAME Minnie Beckemeyer		14. NAME OF HUSBAND OR WIFE Albert O. Walker	
15. WIDOWED (Yes, no DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Albert O. Walker, 1901 Ash, Independence, 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) Continual Convulsions of Cerebrovascular origin DUE TO (b) Arteriosclerosis 4500 DUE TO (c) Arteriosclerosis 4500 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 10 hours
19. a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <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 Feb 17 60 to April 5 11 PM and last saw her alive on April 5 11 PM Death occurred at 6 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm A Garrison M.D.		22b. ADDRESS Liberty Mo		22c. DATE SIGNED 4/6/60	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 4-8-60		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
23d. LOCATION (City, town, or county) Independence, Mo.		23e. (State)			
24. FUNERAL DIRECTOR O.C. Carson & Sons, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 4-11-60		26. REGISTRAR'S SIGNATURE Mabel Graham	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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, by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. K. ...* _____
Embalmer No. _____
Licensed Embalmer _____
P. O. Address _____

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