

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015695

FILED VS. APR 25 1960 149

1849

STATE FILE NUMBER

Primary Registration District No. 1002 Registrar's No.

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) OR TOWN Kansas City		Length of stay in 1b 8 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DeLora Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1201 Romany Road		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Daniel Middle E. Last Walsh				4. DATE OF DEATH Month March Day 28 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		8. DATE OF BIRTH 3/17/1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 15 years - Vice Pres. Dept. Store			10b. KIND OF BUSINESS OR INDUSTRY California Missouri		11. BIRTHPLACE (City and state or country) U S A		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME Garrett Walsh			13b. MOTHER'S MAIDEN NAME Julia EVANS			14. NAME OF HUSBAND OR WIFE MARGARET WALSH			
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. 022-01-2288		17. INFORMANT Kansas City Missouri Mr. Garrett Walsh 1201 Romany Road				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe malnutrition							INTERVAL BETWEEN ONSET AND DEATH months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) severe depression							two years		
DUE TO (c) Chronic Brain Syndrome							years		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year									
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 Oct 27, 1959 to March 28 1960 and last saw her/him alive on March 16, 1960 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) M. A. Cline M.D.				22b. ADDRESS 4126 St. John, K.C., 23. MO.				22c. DATE SIGNED 3-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/30/1960	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri				
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri				25. DATE RECD. BY LOCAL REG. 3-30-60		26. REGISTRAR'S SIGNATURE Neal Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

CERTIFICATE
OF EMBALMING

RESISTANCE UNIT 27.0
11312 2744 21 299080

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 h Savary

Licensed Embalmer No. 4812

P. O. Address Yonkers

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