

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-019676**

**FILED VS MAY 24 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2627 STATE FILE NUMBER

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>                                    |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>  |  | c. CITY OR TOWN <b>KANSAS CITY</b>   |  |
| Length of stay in 1b <b>17 yrs.</b>  |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br><b>QUEEN OF THE WORLD</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>1911 EAST 24th. STREET</b>   |  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

|   |                                  |   |  |   |   |  |
|---|----------------------------------|---|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JAMES</b> Middle <b>DAVID</b> Last <b>WALKER</b>                       |                                  |   | 4. DATE OF DEATH<br>Month <b>MAY</b> Day <b>9</b> Year <b>1960</b> |   |   |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-17-1906</b>                               | 9. AGE (last birthday)<br><b>54 yrs.</b>              | IF UNDER 1 YEAR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tireman</b>             |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Feld Car &amp; Truck Leasing Windsor, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>             |   |  |
| 13a. FATHER'S NAME<br><b>John W. Walker</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Amanda J. Greene</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Lou Walker</b> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>486-05-8530</b>   |  | 17. INFORMANT<br><b>ARLEE WRIGHT, Sister</b>          |   |  |

|  |            |                                  |
|--|------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |            | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <b>Extensive arachnoid cerebral hemorrhage</b>                                       |            |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) |                                  |
|  | DUE TO (c) |                                  |

|   |  |  |  |
|---|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Myocardial infarction of anterior descending branch of left coronary Acute passive congestion of lung</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |  |
|---|--|--|--|

|  |   |  |              |
|--|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>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 **4-12-60** to **5-9-60** and last saw her/him alive on **5-9-60**  
Death occurred at **12:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                             |   |   |                                   |
|--|-----------------------------|---|---|-----------------------------------|
| 22a. SIGNATURE (Deceased or title)<br><b>C. U. Franklin Jr. M.D.</b> |                             | 22b. ADDRESS<br><b>2462<sup>A</sup> Brooklyn Ave</b>    |   | 22c. DATE SIGNED<br><b>5-9-60</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>           | 23b. DATE<br><b>5-11-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Laurel Oak</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Windsor, Missouri</b> |                                   |
| 24. FUNERAL DIRECTOR<br><b>Watkins Bros. 18th &amp; Benton Blvd.</b> |                             | 25. DATE RECD. BY LOCAL REG.<br><b>5-12-60</b>          | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>                         |                                   |

DOCUMENT

G. U. Franklin, 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gene Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Penn

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.