

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-014046

2015

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 2015

FILED MAY 8 1961

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 **4 years**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **7400 Olive Street** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **7400 Olive Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **ANNA M WALKER** 4. DATE OF DEATH Month Day Year **April 21 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/11/1875** 9. AGE (last birthday) **85** 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) **Homemaker** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Princeton, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **William E. Parsons** 13b. MOTHER'S MAIDEN NAME **Margaret Higgins** 14. NAME OF HUSBAND OR WIFE **Joseph Walker**

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. **None** 17. INFORMANT **Irma E. Walker, 7400 Olive Street** 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) **CEREBRAL ARTERIAL THROMBOSIS**
 DUE TO (b) **GENERALIZED ARTERIOSCLEROSIS**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____
 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 **1954** to **APR. 21, 1961** and last saw her alive on **OCT 3, 1960**
 Death occurred at **8:30 A.** m on the date stated above, end to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **James W. Fowler, M.D.** 22b. ADDRESS **1103 GRAND AVE. KANSAS CITY 6, MO.** 22c. DATE SIGNED **4-21-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Apr. 24, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Goshen Cemetery** 23d. LOCATION (City, town, or county) (State) **Goshen Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomer's Sons, Kansas City, Mo.** 25. DATE RECD. BY LOCAL REG. **4-22-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **James W. Fowler**

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K.C., Mo

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.