

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19310

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5479 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Grundy County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BRINSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BRINSON</u>	
c. LENGTH OF STAY (in this place) <u>77 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>			

3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>MARSHALL</u> c. (Last) <u>WALDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 22 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed MAR 15 1934</u>	18. DATE OF BIRTH <u>Aug 6 1865</u>		9. AGE (In years last birthday) <u>83</u> 7 <u>Days</u> 14 <u>Hours</u> <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Laurel Co. Kentucky</u>	
13a. FATHER'S NAME <u>John Walden</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>MARY H WALDEN</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Muri Pilcher</u> ADDRESS <u>BRINSON, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured aneurism</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>1:20X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) <u>Abdominal Aorta</u> <u>Arteriosclerosis General</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 8-27-, 1941, to 3-22-, 1949, that I last saw the deceased alive on 3-18-, 1949, and that death occurred at 12:15 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mrs. Susan W. [unclear]</u> (Degree or title)		23b. ADDRESS <u>Trinton Mo</u>		23c. DATE SIGNED <u>3-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burin</u>		24b. DATE <u>24 MAR 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willis Chapel Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>BRINSON, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Gordon Blackmer</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>3/24/49</u>		REGISTRAR'S SIGNATURE <u>Irene Jaw</u> 115		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Gordon Blackmer</u> ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1900 619240

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

*J. Gordon Blackmon*

Licensed Embalmer No. *4602*

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address *Trenton, Miss*

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 this body is not embalmed, fact should be so stated above.