

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30638

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3615</u>
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Labeete		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parsons		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 1515 Appleton		
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle) V.		c. (Last) WALLEN
4. DATE OF DEATH (Month) (Day) (Year) 8 21 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-1-1949 1900	9. AGE (In years last birthday) Months Days 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Insurance		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) Parsons, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Elisha A. Wallen		13b. MOTHER'S MAIDEN NAME Myrta Heacock		14. NAME OF HUSBAND OR WIFE Mary Ruth (Dearth) Wallen
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'S SIGNATURE OR NAME Mary R. Wallen
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery occlusion DUE TO (c) Coronary Artery Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2.0 min 8 weeks several years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>8-12-1949</u> , to <u>8-21-1949</u> , that I last saw the deceased alive on <u>8-20-1949</u> , and that death occurred at <u>1:04 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE L. F. Steffen		23b. ADDRESS 1103 Grand Ave		23c. DATE SIGNED 8-22-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-21-1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Lawn
24d. LOCATION (City, town, or county) (State) Parsons, Kansas				
DATE REC'D BY LOCAL REG. 8-22-49		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Long
				ADDRESS K.C. Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

G. Ash
Rev. Steffen

SEP 19 1949

SEP 20 1949

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 _____

Ray E. Rose

Student Embalmer No. *332*

working under my personal supervision.

Signed *Ray E. Rose*
Student Embalmer

Signed *Chas. H. Rider*
Licensed Embalmer No. *3404*

P. O. Address *403 N. 10th St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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