

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25214

State File No.

FILED AUG 11 1952

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 181
1. PLACE OF DEATH a. COUNTY Nodaway 0747 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville c. LENGTH OF STAY (In this place) 2 hrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway 0740 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arkoe d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) ERNEST a. (First) ERNEST b. (Middle) R. c. (Last) WALDEN		4. DATE OF DEATH (Month) (Day) (Year) 7 30 52		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8/28/92		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) Jewel Co., Kansas /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William W. Walden		
13b. MOTHER'S MAIDEN NAME Adena Davis		14. NAME OF HUSBAND OR WIFE Rosena Flanagan Walden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ernest R. Walden, Arkoe, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201
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) (Min.)		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 July 30, 1952 to July 30, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 10:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE W. R. Dasher (Degree or title) M. D. U		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 8/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/1/52		24c. NAME OF CEMETERY OR CREMATORY Miriam
24d. LOCATION (City, town, or county) (State) Maryville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.		
DATE REC'D BY LOCAL REG. 8-9-52		REGISTRAR'S SIGNATURE Bess Holt 229		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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. 461

working under my personal supervision.

Student Curtis C. Kenaley
Student Embalmer

Signed.....

John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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 this body is not embalmed, fact should be so stated above.