

SEP 17 1952

STANDARD CERTIFICATE OF DEATH

State File No. 31436
Registrar's No. 79

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>79</u>		
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fayette Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 Month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u>		<u>0100</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>-----</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pemelia</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>Walden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/8/1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Waller Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Pruett Patrick</u>		14. NAME OF HUSBAND OR WIFE - <u>Ernest Walden</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Ernest Walden Harrisburg Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis - generalized</u> ANTECEDENT CAUSES (b) <u>Hypertension of myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>6 yrs</u> <u>8 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>July 1946</u> , to <u>10 Sept.</u> , 1952, that I last saw the deceased alive on <u>9 Sept.</u> , 1952, and that death occurred at <u>10</u> <u>-----</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Mr J. Shaw</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>12 Sept 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-12-52</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> <u>436</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carr Fayette, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette 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.