

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34105

State File No.

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 370

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>26 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Boston</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grimes Smith Memorial Hosp</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u> b. (Middle) <u>Elvin</u> c. (Last) <u>WALGREN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5 1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 18 1907</u>	9. AGE (In years last birthday) <u>45</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Monowi, Nebraska</u>	
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13a. FATHER'S NAME <u>John Walgren</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE LARSON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS ROSA WALGREN</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chester E. Walgren New Boston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Diabetes & Heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>several</u>	
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19a. DATE OF OPERATION <u>10/22/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Obstruction of B-cystic duct 4500</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.		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 Oct 11, 1952 to 11-5-1953 that I last saw the deceased alive on 11-5-1953 and that death occurred at 7:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Grime M.D.</u>		23b. ADDRESS <u>Kirkville MO</u>		23c. DATE SIGNED <u>11/5/53</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Boston Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Boston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-5-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forsyth Funeral Home Quakertown Mo.</u>	
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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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.