

FILED AUG 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30812

State File No. 67

BIRTH NO. _____		REG. DIST. NO. <u>95-2</u>		PRIMARY REG. DIST. NO. <u>6189</u>		Registrar's No. <u>1009</u>			
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Packaway Beach MO 4 month</u>		c. LENGTH OF STAY (In this place) <u>4 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3848</u>		d. STREET ADDRESS (If rural, give location) <u>431 West 60th Terrace</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				3. NAME OF DECEASED (Type or Print) <u>Laurence P. Halden</u> a. (First) b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>8-4-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 15-1899</u>		9. AGE (In years last birthday) <u>54</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 HR.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Installation Check America Dickelburgh</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. A. Halden</u>			13b. MOTHER'S MAIDEN NAME <u>Alvinda Forester</u>			14. NAME OF HUSBAND OR WIFE <u>Vera Marie Halden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>506-0155490</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vera Marie Halden</u>				ADDRESS <u>K.C., Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) <u>4201</u>					
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>at death only</u> , 19 <u>53</u> , that I last saw the deceased <u>deceased</u> on <u>8-4</u> , 19 <u>53</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. H. Morrison, M.D.</u>				23b. ADDRESS <u>K.C., Missouri</u>			23c. DATE SIGNED <u>8-4-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mansfield</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-4-53</u>		REGISTRAR'S SIGNATURE <u>R. O. Whelchel</u>		376		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Whelchel</u> ADDRESS <u>Jackson Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1961

VS FEB 7 1961

**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 *Minnie S. Wheeler*

Licensed Embalmer No. *2277*

P. O. Address *Bronson*

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.