

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8991

State File No. _____

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1335

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr.		• STREET ADDRESS (If rural, give location) 815 W. Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3433 Paseo Beverly Conv. Home			

3. NAME OF DECEASED (Type or Print) a. (First) Angus		b. (Middle) R.		c. (Last) Walden		4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 11, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Miami, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Gideon Walden		13b. MOTHER'S MAIDEN NAME Martha Welch		14. NAME OF HUSBAND OR WIFE Lola Walden	
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 ADDRESS Edna Casebolt 815 W. Alton	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure - Renal Failure <i>atherosclerotic heart disease</i> GEN. ARTERIO SCLEROSIS. 8-9 yrs.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b)			
		DUE TO (c)		DUE TO (c) Hepatic Insufficiency			
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	

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 **3-23**, 1954, to **3-23**, 1954, that I last saw the deceased **alive** on **3-23**, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James E. O'Malley (Degree or title) Dr.		23b. ADDRESS 1104 GRAND A.P. Mo.		23c. DATE SIGNED 3/24/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Pleasant Park Ceme.		24d. LOCATION (City, town, or county) (State) Carrollton, Missouri	
DATE REC'D BY LOCAL REG. 3-24-54		REGISTRAR'S SIGNATURE Realdine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

Jan 14/16

Jan 14/16

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 293
P. O. Address. N.C. - M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.