

Dr. Hansen		THE DIVISION OF HEALTH OF MISSOURI		45392	
STANDARD CERTIFICATE OF DEATH		STATE FILE NUMBER			
FILED DEC 16 1957		Registration District No. 292		Primary Registration District No. 4734	
1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR RR #1, New London		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN New London	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) RR #1	
3. NAME OF DECEASED (Type or print) Clara Belle Walden		4. DATE OF DEATH 11/29/1957		Month Day Year	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/30/1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Monroe County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Warren Moss		13b. MOTHER'S MAIDEN NAME Geneva Wadsworth	
14. NAME OF HUSBAND OR WIFE William W. 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.	
17. INFORMANT Mr. William W. Walden, RR #1, New London		Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4201		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION New London, Missouri		COUNTY STATE	
21. I attended the deceased from Death occurred at 5:20 A.M.		1946 to 1957 and last saw her alive on July 1957		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. P. Hansen D.O.		(Degree or title)		22b. ADDRESS Frankford Mo	
22c. DATE SIGNED 12-3-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/2/1957	
23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery		23d. LOCATION (City, town, or county) New London, Missouri		(State)	
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 12/2/57		26. REGISTRAR'S SIGNATURE Elyse. [Signature]	

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 *L. M. O'Donnell* .....

Licensed Embalmer No. 3889 .....

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.