

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005861

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 39

AMENDED

FILED VS MAR 6 1961

a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		c. CITY OR TOWN <u>Chillicothe</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Length of stay in 1b <u>2 Days</u>		d. STREET ADDRESS (If outside, give location) <u>1402 Alexander</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>WADE HAMPTON WALDEN</u>	4. DATE OF DEATH Month Day Year <u>Feb. 24 1961</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 15 1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>	11. BIRTHPLACE (City and state or country) <u>Hale, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
---	--	---	---

13a. FATHER'S NAME <u>Jessie M Walden</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Wright</u>	14. NAME OF HUSBAND OR WIFE <u>Winnie Walden</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT Address <u>Winnie Walden, Chillicothe, Mo.</u>
---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Arteriosclerosis</u>	
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 COUNTY STATE
---	--	--	--

21. I attended the deceased from <u>Jan 1960</u> to <u>2-24-61</u> and last saw ^{her} him alive on <u>2-24-61</u> Death occurred at <u>9 9</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. Stewart D.O.</u> (Deceased or title)	22b. ADDRESS <u>Chillicothe, Mo.</u>	22c. DATE SIGNED <u>2-25-61</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 26, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
--	-----------------------------------	---	---

24. FUNERAL DIRECTOR <u>Lindley Funeral Home, Chillicothe, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 4, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Annalu Taylor</u>
---	---	---

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 B. J. Lindley

Licensed Embalmer No. 4822

P. O. Address Chillicothe

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.