V. S. No. 2
00M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26268

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 198

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Noyes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution 5 Hours (Specify whether years, months or days)
In this community 5 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 1
(If outside city or town limits, write "RURAL")

(d) Street No. 237 Sexton Rd. 4
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PHILLIP ALLEN WALDEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 - 13 - 1946 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 5 hr. 10 min.

9. Birthplace Columbia (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Robert M. Walden 0
13. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Opal M. Turner 0
15. Birthplace Columbia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Robt. M. Walden
(b) Address 237 Sexton Rd., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 8-13-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 8-13- 1946 to 8-13- 1946 that I last saw him alive on 8-13- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Pulmonary atelectasis	(?)
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1610
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Frank E. Deckum (M. D. or other) MD
Address Columbia Mo. Date signed 8-13-46

(Licensed Embalmer's Statement on Reverse Side)

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

25114

RECEIVED
District Health Officer No. 9,
District File Number 8-46-184
Date Filed 8-19-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Thos L. Young

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.