

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43524

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 62.25 Registrar's No. 188

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Nevada Wash. Dep. 11 3 m 21</u> |  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)<br><u>Kansas City Mo</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>State Hospital 3</u>   |  | d. STREET ADDRESS<br><u>Unknown</u>  |  |

|  |                        |                       |                         |   |
|--|------------------------|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>ANNA</u> | b. (Middle) <u>E.</u> | c. (Last) <u>WALDEN</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Dec 11, 1949</u> |
|--|------------------------|-----------------------|-------------------------|---|

|                         |                                  |  |   |                                 |  |                                     |                                     |                                    |
|-------------------------|----------------------------------|--|---|---------------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|
| 5. SEX<br><u>female</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widow</u> | 8. DATE OF BIRTH<br><u>Dec 11, 1868</u> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR<br>Months<br><u>81</u> | IF UNDER 1 YEAR<br>Days<br><u>0</u> | IF UNDER 1 HR.<br>Hours<br><u>0</u> | IF UNDER 1 HR.<br>Min.<br><u>0</u> |
|-------------------------|----------------------------------|--|---|---------------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired)<br><u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Atchison Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|---|--|--|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>James Carmen</u> | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u> | 14. NAME OF HUSBAND OR WIFE<br><u>unknown</u> |
|---|---|---|

|   |  |  |                             |
|---|--|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>State Hospital 3 Nevada Mo</u> | ADDRESS<br><u>Nevada Mo</u> |
|---|--|--|-----------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  |  | <u>1 hr.</u>                     |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerotic</u><br>DUE TO (c) <u>Heart Disease</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>   |  |  | <u>4 30!</u>                     |

|                                       |   |   |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION<br><u>none</u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>none</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|---|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, 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 Oct, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 11, 1949 and that death occurred at 5:50 P.M., from the causes and on the date stated above.

|   |   |                                      |
|---|---|--------------------------------------|
| 23a. SIGNATURE<br><u>Paul L. Barone</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS<br><u>State Hosp 3 Nevada Mo</u> | 23c. DATE SIGNED<br><u>Dec 11/49</u> |
|---|---|--------------------------------------|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 24b. DATE<br><u>Dec 12 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>unknown</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u> |
|--|---------------------------------|--|--|

|  |     |   |  |
|--|-----|---|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>Dec 11, 1949</u> <u>Kathryn H. Mason</u> | 331 | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Newcomers Sons</u> | ADDRESS<br><u>331 1/2 E. 11th St. Mo</u> |
|--|-----|---|--|

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

RECEIVED  
District Health Officer No. 7,  
District File Number 11-49-1478  
Date Filed 12-19-49

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**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 John E. Traking  
Licensed Embalmer No. 44803

P. O. Address Kansas City, 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.