

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24711
3346

State File No.

REC'D AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

3

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| c. LENGTH OF STAY (in this place) <u>14 YRS</u> | | d. STREET ADDRESS (If rural, give location) <u>1332 1/2 BROADWAY 3118</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>703 1/2 E 12TH</u> | | | |

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|--|---------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>WEBSTER W WALDEN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 52</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>1-13-1898</u> | | 9. AGE (In years last birthday) <u>54</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOTEL</u> | 11. BIRTHPLACE (State or foreign country) <u>EAGLE ROCK, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>CHARLES WALDEN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MOLLIE SKELTON</u> | | 14. NAME OF HUSBAND OR WIFE <u>CLARA WALDEN</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>EN 10-16-29 DIS 10-22-34</u> | | 16. SOCIAL SECURITY NO. <u>499-14-4773</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARA WALDEN 1332 1/2 BROADWAY</u> | | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

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|---|--|--|--|---|--|
| 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) (Min) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|---------------------------------|--|
| 23a. SIGNATURE <u>Geo. C. Kealhofer, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>4050 Suburban Road</u> | | 23c. DATE SIGNED <u>7-23-52</u> | |
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|--|--|--------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>7-25-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FT LEAVENWORTH NTL CEM</u> | | 24d. LOCATION (City, town, or county) (State) <u>FT LEAVENWORTH KANS</u> |
|--|--|--------------------------|--|--|--|

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>7-24-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SEBETO'S CITY</u> | |
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AUG 7 1952

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K C 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.